

AFFIDAVIT OF CORRECTION TO BIRTH RECORD White/Female/File date: 9/25/16
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 2 of 2

| | | | | | | |
|---------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------|------------------|----------------------------------------------------|-----------------------------------------|-----------------------------------|
| Enter Correct Information Concerning Person Whose Birth Record is Being Amended | REGISTRANT'S FULL NAME AT BIRTH ERLINE OBELIA WYLIE | | | STATE FILE OR BIRTH NUMBER 139-16-076175 | | |
| | BIRTH DATE | Month Sep | Day 21 | Year 1916 | City or Town Cherokee Co., SC | County Cherokee Co., SC |

| | | | |
|----------------------------------|--------------------------|-------------------------|----------------------------|
| ITEMS TO BE AMENDED OR CORRECTED | ITEM OMITTED OR IN ERROR | BIRTH CERTIFICATE SHOWS | SHOULD BE |
| | Giv en name | Omitted | ERLINE OBELIA WYLIE |
| | | | |

| | | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|
| AFFIDAVIT | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Erlene W. Starnes</i> | | RELATIONSHIP Same |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|

| | | | |
|---------------------|---------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------|
| NOTARY [AFFIX SEAL] | SUBSCRIBED AND SWORN TO BEFORE ME ON Mar 16 1978 19 | SIGNATURE OF NOTARY <i>Virginia P. Mabry</i> | NOTARY COMMISSION EXPIRES Jan 17 ; 1983 19 |
|---------------------|---------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------|

| | | | |
|-----------|--------------------------------------------------------------------------------------------------------------|--|--------------|
| AFFIDAVIT | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) | | RELATIONSHIP |
|-----------|--------------------------------------------------------------------------------------------------------------|--|--------------|

| | | | |
|---------------------|--------------------------------------|---------------------|---------------------------|
| NOTARY [AFFIX SEAL] | SUBSCRIBED AND SWORN TO BEFORE ME ON | SIGNATURE OF NOTARY | NOTARY COMMISSION EXPIRES |
|---------------------|--------------------------------------|---------------------|---------------------------|

DO NOT WRITE BELOW THIS LINE

| | | |
|--------------------------------------------------------|------------------------------------------------------------------------|---------------------------------|
| ABSTRACT of Supporting Evidence (for health dept. use) | NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE) | DATE ORIGINAL DOCUMENT WAS MADE |
| | 1 Own marr. cert.#5501, Cherokee Co. Probate Judge, SC | Jul 23 1939 |
| | 2 | |

| | |
|---------------------------------------------------------------------------------------|-----------------------------------------------------|
| INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE | 1 ERLINE OBELIA WYLIE, Age at marr.: 22 yrs. |
| | 2 |
| | 3 |

| | | | |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|
| DHEC No. 613 Rev. 2/75 <i>1459</i> | ADDITIONAL INFORMATION | | DATE FILED |
| | I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic. | ASSISTANT STATE REGISTRAR <i>Doris M. Byars</i> | EVIDENCE REVIEWED BY <i>Virginia P. Mabry</i> |