

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
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 <u>Marie Mildred Crosby</u>			STATE FILE OR BIRTH NUMBER <u>139-22-000464</u>		
	Month <u>Jan.</u>	Day <u>2</u>	Year <u>1922</u>	City or Town <u>Chas.</u>	County <u>Chas.</u>	State <u>S. C.</u>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	<u>Given Name</u>		<u>Omitted</u>		<u>Marie Mildred Crosby</u>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <u>Marie Mildred Crosby Wiggins</u>				RELATIONSHIP <u>Self</u>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <u>February 5, 1982</u>		SIGNATURE OF NOTARY <u>Loraine Crosby</u>		NOTARY COMMISSION EXPIRES <u>June 22, 1989</u>	
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 19		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES 19	

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	Daughter's birth record, #139-48-035323, filed in Chas.	9-13-48
	2	Daughter's birth record, #139-55-018125, filed in Chas.	5-17-55
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
1	Mother's name: Marie Mildred Crosby	Age: 26 years	
2	Mother's name: Marie Mildred Crosby	Age: 33 years	
ADDITIONAL INFORMATION			
DHEC No. 613 Rev. 2/75 <u>1909</u>	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 <u>Ann J. Owens</u>	EVIDENCE REVIEWED BY <u>Deborah Copeland</u>
			DATE FILED <u>2/16/82</u>