

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 Marie Mildred Crosby		STATE FILE OR BIRTH NUMBER 139-22-000464	
	Month Jan.	Day 2	Year 1922	BIRTH PLACE Chas. City or Town Chas. County S. C. State
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS	
	Given Name		Omitted	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Marie Mildred Crosby Wiggins</i>			RELATIONSHIP Self
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>February 5, 1982</i>		SIGNATURE OF NOTARY <i>Loraine Crosby</i>	NOTARY COMMISSION EXPIRES <i>June 22, 1989</i>
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
3		
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
3		

DHEC No. 613

Rev. 2/75

1909

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>Ann G. Owens</i>	EVIDENCE REVIEWED BY <i>Deborah Copeland</i>	DATE FILED <i>2/16/82</i>