

FD 2/8/22

## 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 MADISON FRANKLIN ESTES			STATE FILE OR BIRTH NUMBER 139-22-002752							
	BIRTH DATE	Month January	Day 28,	Year 1922	BIRTH PLACE	City or Town York	County York	State South Carolina			
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS			SHOULD BE				
	Given name			None Listed			Madison Franklin Estes				
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>X Madison Franklin Estes</i>						RELATIONSHIP				
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON February 24 19 84			SIGNATURE OF NOTARY <i>Judith A. Harrison</i>			NOTARY COMMISSION EXPIRES November 23 19 86				
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	Daughters B/C #139-54-017263 Filed York County, S. C.						May 14, 1954			
	2										
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	1 Madison Franklin Estes (32 Yrs 11 bd)										
	2										
	3										
DHEC No. 613 Rev. 2/75	ADDITIONAL INFORMATION										
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 H. Owens KP</i>			EVIDENCE REVIEWED BY <i>Judith Harrison</i>			DATE FILED 2-28-84		

1164