

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 Day Year January 28, 1922	BIRTH PLACE City or Town York	State South Carolina	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS SHOULD BE	
	Given name		None Listed	
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			
	3			
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
	1	Madison Franklin Estes (32 Yrs 11 bd)		
	2			
3				
DHEC No. 613	ADDITIONAL INFORMATION			
Rev. 2/75	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>
<i>1164</i>			DATE FILED <i>2-28-84</i>	