

# AFFIDAVIT OF CORRECTION TO BIRTH RECORD

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH			STATE FILE, OR BIRTH NUMBER				
	MIRIAM EMALIN BURCKHALTER			139-16-054319				
BIRTH DATE	Month	Day	Year	BIRTH PLACE	County	State		
	APR	21	1916	AIKEN	AIKEN	S. C.		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE			
	Given name of child		Unnamed		MIRIAM EMALIN BURCKHALTER			
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP			
	SIGNATURE OF PARENT (OR OTHER) <i>Miriam B. Ramsey</i>				Self			
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES			
	MAY 28	19 76	<i>Kathryn H. Seuler</i>		OCT 5	80		
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	S-E- Life Insurance Policy #66298 Greenville, S. C.					Jun 9 1957	
	2							
	3							
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE								
1	MIRIAM EMALIN BURCKHALTER Age 21							
2								
3								
DHEC No. 613 Rev. 11/73								
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	EVIDENCE REVIEWED BY		DATE FILED		
			<i>Doris M. Byars</i>	<i>Charlotte B. Wakefield</i>		6/15/76		