

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

File date 12/15/16

Enter Correct Information Concerning Person Whose Birth Record Is Being Amended	REGISTRANT'S FULL NAME AT BIRTH			STATE FILE OR BIRTH NUMBER			
	ARTIE MAE HAMBRIGHT			139-16-088891			
	BIRTH DATE	Month Nov.	Day 12,	Year 1916	BIRTH PLACE	City or Town Cherokee Co., S.C.	
					County	State	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given name			Ollie May		Artie Mae	
AFFIDAVIT	I HEREDY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Artie H. Ollsen</i>				RELATIONSHIP <i>Same</i>		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON July 19, 19 76			SIGNATURE OF NOTARY <i>John R. Webster</i>		NOTARY COMMISSION EXPIRES Aug. 20, 19 85	
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE						
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)					DATE ORIGINAL DOCUMENT WAS MADE	
	1	Own Marr. Cert. Cherokee Co. Court House, Gaffney, S.C.					Jan. 24, 1942
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	ARTIE MAE					
	2						
	3						
	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>Harold M. Byars</i>		EVIDENCE REVIEWED BY		DATE FILED 7-26-76	

DHEC No. 613
Rev. 11/73