

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**  
**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

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May 31 1916

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	<b>REGISTRANT'S FULL NAME AT BIRTH</b>				<b>STATE FILE OR BIRTH NUMBER</b>		
	LAURIE MATTHEW LLOYD				139 16 059617		
	Month <b>BIRTH DATE</b>	Day	Year	City or Town <b>PLACE</b>	County	State	
	May	26	1916	Lamar	Darlington	SC	
<b>ITEMS TO BE AMENDED OR CORRECTED</b>	<b>ITEM OMITTED OR IN ERROR</b>			<b>BIRTH CERTIFICATE SHOWS</b>		<b>SHOULD BE</b>	
	Given name of child			Archibald		Laurie Matthew Lloyd	
<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Laurie Matthew Lloyd</i>					RELATIONSHIP self	
<b>NOTARY (AFFIX SEAL)</b>	SUBSCRIBED AND SWORN TO BEFORE ME ON February 21 19 78				SIGNATURE OF NOTARY <i>Doris M. Byars</i>	NOTARY COMMISSION EXPIRES July 7 19 80	
<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)					RELATIONSHIP	
<b>NOTARY (AFFIX SEAL)</b>	SUBSCRIBED AND SWORN TO BEFORE ME ON 19				SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES 19	
<b>DO NOT WRITE BELOW THIS LINE</b>							
<b>ABSTRACT of Supporting Evidence [for health dept. use]</b>	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)					DATE ORIGINAL DOCUMENT WAS MADE	
	1	Dr C E Aimar office record, Darlington SC					1960
	2						
	3						
	<b>INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE</b>						
	1	Laurie Matthew Lloyd (DOB May 26 1916)					
	2						
	3						
<b>ADDITIONAL INFORMATION</b>							
DHEC No. 613 Rev. 2/75  <b>1088</b>		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>Doris M. Byars</i>	EVIDENCE REVIEWED BY <i>Doris M. Byars</i>	DATE FILED 3-14-78	