

filed 10-25-16

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**

Page 2 of 2

**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 <b>LEE ALLEN POSTON</b>			STATE FILE OR BIRTH NUMBER <b>139-16-081640</b>		
	BIRTH DATE	Month <b>October</b>	Day <b>22</b>	Year <b>1916</b>	CITY OR TOWN <b>Florence</b>	COUNTY <b>S. C.</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given name		Unnamed		Lee Allen Poston	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. SIGNATURE OF PARENT (OR OTHER) <i>Lee Allen Poston</i>				RELATIONSHIP <b>Self</b>	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>March 30 1978</b>		SIGNATURE OF NOTARY <i>Rae C. Maurer</i>		NOTARY COMMISSION EXPIRES <b>January 20 1987</b>	
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 <b>19</b>		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES <b>19</b>	

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	Own marriage lic. #B 7944, Florence, S. C.	Sept. 4, 1937
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Lee Allen Poston, Age 20 years, 10 months	
2		
3		

DHEC No. 613

ADDITIONAL INFORMATION

Rev. 2/75

1863

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>Rae C. Maurer</i>	DATE FILED <b>4-17-78</b>
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