

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		
	Dorothy Marion Reynolds				139-22-001150		
	Month	Day	Year	City or Town	County	State	
BIRTH DATE	Jan	10	1922	Fairfield	S.C.		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's Given Name			Marion		Dorothy Marion Reynolds	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Dorothy Marion Reynolds Heddinger</i>				RELATIONSHIP Self		
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>August Seventh 1976</i>		SIGNATURE OF NOTARY <i>Estelle R. Hall</i>		NOTARY COMMISSION EXPIRES <i>Dec. 30th 1979</i>		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)				RELATIONSHIP Self		
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	Own Social Security App. #250-24-8059 Baltimore, MD (DOB 1-10-22)					4-28-41
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	Dorothy Marion Reynolds					
	2						
	3						
ADDITIONAL INFORMATION							
DHEC No. 613 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>Doris M. Bryant</i>	EVIDENCE REVIEWED BY <i>Glenora Lone</i>	DATE FILED <i>10-15-76</i>	