

**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 Dorothy Marion Reynolds				STATE FILE OR BIRTH NUMBER 139-22-001150		
	BIRTH DATE	Month Jan	Day 10	Year 1922	BIRTH PLACE	County Fairfield	State 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 Heddings</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. 30<sup>th</sup> 1979</i>		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)				RELATIONSHIP <del>Self</del>		
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						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	Dorothy Marion Reynolds					
	2						
DHEC No. 613 Rev. 2/75	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>Doris M. Brown</i>		EVIDENCE REVIEWED BY <i>Glenda Love</i>	DATE FILED <i>10-15-76</i>	