

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

Filed--02-22-22

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH LAURA TAYLOR		STATE FILE OR BIRTH NUMBER #139-22-004540
	BIRTH DATE Month Day Year February 03, 1922	BIRTH PLACE City or Town County State Hampton, South Carolina	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Child's name	Susan Taylor	LAURA TAYLOR
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Laura T Chisholm</i>		RELATIONSHIP SELF
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON September 19, 19 84	SIGNATURE OF NOTARY <i>Maguelmi S. Jordan</i>	NOTARY COMMISSION EXPIRES March 28, 1989 19
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 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	Conger Life Ins. Co. Of Miami, Fla. Pol #171406-Miami, Fla.	03-22-54
	2		
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1	Verifies name Laura Chisholm-age 33 next birthday--	
	2		
	3		

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>Ann L. Owens</i>	EVIDENCE REVIEWED BY <i>Maguelmi S. Jordan</i>	DATE FILED 5-21-84
	<p><i>1696</i></p>		