

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
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		STATE FILE OR BIRTH NUMBER						
	MARGARET EDELMANN		139-22-005524						
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month FEBRUARY	Day 28	Year 1922	BIRTH PLACE	City or Town COLUMBIA	County RICHLAND	State S. C.	
	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE				
	NAME OMITTED		EDELMANN		MARGARET EDELMANN				
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Margaret Edelmann</i>						RELATIONSHIP SELF		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>April 23</i> 19 <i>81</i>		SIGNATURE OF NOTARY <i>Annabell H. Dietzman</i>		NOTARY COMMISSION EXPIRES <i>7-31</i> 19 <i>81</i>				
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	APPLICATION TO MUTUAL OF OMAHA INSURANCE COMPANY, POLICY #							AUG. 11, 1969
	2	54-18-34-69M, FILED IN MARIETTA, GA.							
	3								
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE								
1	MARGARET EDELMANN -DOB FEBRUARY 28, 1922								
2									
3									
DHEC No. 613									
Rev. 2/75									
0818									
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>Ann D. Owens</i>		EVIDENCE REVIEWED BY <i>Linda D. Taylor</i>		DATE FILED <i>5-12-81</i>		