

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**  
**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL** Page 2 of 2

|   |   |               |   |              |   |                 |
|---|---|---------------|---|--------------|---|-----------------|
| Enter Correct Information Concerning Person Whose Birth Record is Being Amended | REGISTRANT'S FULL NAME AT BIRTH<br>Cherry Lou Edgefield   |               |   |              | STATE FILE OR BIRTH NUMBER<br>#139-22-003442  |                 |
|   | BIRTH DATE  | Month<br>Feb, | Day<br>12                                 | Year<br>1922 | BIRTH PLACE<br>Chas,  | County<br>Chas, |
| ITEMS TO BE AMENDED OR CORRECTED  | ITEM OMITTED OR IN ERROR  |               | BIRTH CERTIFICATE SHOWS                   |              | SHOULD BE   |                 |
|   | Given Name  |               | Omitted                                   |              | Cherry Lou Edgefield  |                 |
|   |   |               |   |              |   |                 |
|   |   |               |   |              |   |                 |
| AFFIDAVIT   | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER)<br><i>Cherry Lou Jenkins</i> |               |   |              | RELATIONSHIP<br>Self  |                 |
| NOTARY (AFFIX SEAL)   | SUBSCRIBED AND SWORN TO BEFORE ME ON<br><i>July 28 1981</i>   |               | SIGNATURE OF NOTARY<br><i>[Signature]</i> |              | NOTARY COMMISSION EXPIRES<br>NOTARY PUBLIC FOR SOUTH CAROLINA<br>My Commission expires June 11, 1989 19 |                 |
| AFFIDAVIT   | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER)                              |               |   |              | RELATIONSHIP  |                 |
| NOTARY (AFFIX SEAL)   | SUBSCRIBED AND SWORN TO BEFORE ME ON<br>19  |               | SIGNATURE OF NOTARY                       |              | NOTARY COMMISSION EXPIRES<br>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   | Son's birth record, #139-39-022056, filed in Charleston Co, | 9-7-39                          |
| 2   |   |                                 |
| 3   |   |                                 |
| INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE |   |                                 |
| 1   | Mother: Cherry Lou Edgefield                                | Age: 17                         |
| 2   |   |                                 |
| 3   |   |                                 |

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

*[Signature]*

EVIDENCE REVIEWED BY

*[Signature]*

DATE FILED

7-30-81

1767