

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 Leona Hughes			STATE FILE OR BIRTH NUMBER 139-16-056283		
	BIRTH DATE	Month April	Day 18	Year 1916	CITY OR TOWN Horry	COUNTY Horry

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Child's name	Leona Hughes	Leona Hughes

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Leona Hughes</i>	RELATIONSHIP <u>self</u>
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NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>April 3</i> 19 <i>78</i>	SIGNATURE OF NOTARY <i>Ruth Smith Floyd</i>	NOTARY COMMISSION EXPIRES <i>November</i> 19 <i>79</i>
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AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)	RELATIONSHIP
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NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON 19	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES 19
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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 Census Report #2-337-377 Dept of Commerce Washington DC	Jan 1 1920
	2	

DHEC No. 613 Rev. 2/75 <i>1745</i>	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	
	1 Leona Hughes AGE 3	
	2	

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. Ryan</i>	EVIDENCE REVIEWED BY <i>Betty Moore</i>
		DATE FILED <i>4/11/78</i>