

# AFFIDAVIT OF CORRECTION TO BIRTH RECORD

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

vol. 134

Enter Correct Information Concerning Person Whose Birth Record Is Being Amended	REGISTRANT'S FULL NAME AT BIRTH <b>HELEN SCOFIELD DERRICK</b>		STATE FILE OR BIRTH NUMBER <b>139-16-073805</b>	
	BIRTH DATE	Month      Day      Year <b>August 22, 1916</b>	BIRTH PLACE	City or Town      County      State <b>Lexington      S.C.</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS	
	Child's name		HELEN SCOFIELD	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Mrs. Helen Scofield Glass</i>		RELATIONSHIP SELF	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Aug 9th</i> 19 <i>74</i> SIGNATURE OF NOTARY <i>James S. McAllister</i>		NOTARY COMMISSION EXPIRES MY COMMISSION EXPIRES JAN. 23, 1978 BONDED THROUGH MUROSKE • MUCKLEBERRY, INC.	
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE			
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)			DATE ORIGINAL DOCUMENT WAS MADE
	1	Own child's birth rec. #52-788 filed in Orange Co., Fla.		2-7-52
	2			
	3			
ABSTRACT of Supporting Evidence (for health dept. use)	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
	1	HELEN SCOFIELD DERRICK		
	2			
	3			
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>Norris M. Ryan (jr)</i>	EVIDENCE REVIEWED BY <i>Julia W. Davis</i>	DATE FILED <i>8-12-74</i>

DHEC No. 613  
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