

# 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 <b>Lexington</b>	County <b>Lexington</b>	State <b>S.C.</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's name		OMITTED		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 Glasgow</i>				RELATIONSHIP <b>SELF</b>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Aug 9th</i>		SIGNATURE OF NOTARY <i>James S. McCallister</i>		NOTARY COMMISSION EXPIRES <b>MY COMMISSION EXPIRES JAN. 23, 1978</b> <small>BONDED THROUGH MUROSKI-MUCKLEBERRY, INC.</small>	
<b>DO NOT WRITE BELOW THIS LINE</b>						
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	Own child's birth rec. #52-788 filed in Orange Co., Fla.				2-7-52
	2					
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 <b>8-12-74</b>	

DHEC No. 613  
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