

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			STATE FILE OR BIRTH NUMBER		
	LUCILLE COOK			139 16 070030		
	Month	Day	Year	City or Town	County	State
BIRTH DATE	Jul	11	1916	Pickens		S.C.

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Given name	Leila Luciel	Lucille

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:		RELATIONSHIP
	SIGNATURE OF PARENT (OR OTHER)	<i>Lucille C Barrett</i>	self

NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES
	April 4 19 78	<i>Edna S. Venable</i>	December 12 19 83

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:		RELATIONSHIP
	SIGNATURE OF PARENT (OR OTHER)		

NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES
	19		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	Liberty Life Ins. Co. Pol #5593244 Greenville, S.C.	10-28-63
	2		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	1	Lucille C. Garrett Age 47
	2	
	3	

DHEC No. 613 Rev. 2/75 *1859*

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	EVIDENCE REVIEWED BY	DATE FILED
	<i>Doris M Bynum</i>	<i>Edna S. Venable</i> Deputy County Registrar	4-17-78