

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			STATE FILE OR BIRTH NUMBER		
	LUCILLE COOK			139 16 070030		
	BIRTH DATE	Month Day Year	BIRTH PLACE	City or Town	County	State
		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		
3		
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

ADDITIONAL INFORMATION		EVIDENCE REVIEWED BY	DATE FILED
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.		<i>Edna S. Venable</i> Deputy County Registrar	4-17-78
ASSISTANT STATE REGISTRAR <i>Doris M. Bynum</i>			