

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**  
**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

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|   |   |   |  |                           |  |                                 |         |
|---|---|---|--|---------------------------|--|---------------------------------|---------|
| Enter Correct Information Concerning Person Whose Birth Record is Being Amended | <b>REGISTRANT'S FULL NAME AT BIRTH</b>  |   |  |                           | <b>STATE FILE OR BIRTH NUMBER</b>                                    |                                 |         |
|   | Marcelle Alice Dendy  |   |  |                           | 139-16-060345  |                                 |         |
|   | Month   | Day   | Year   | City or Town              | County   | State                           |         |
|   | BIRTH DATE<br>Apr   | 29  | 1916   | BIRTH PLACE<br>Greenville | S. C.  |                                 |         |
| <b>ITEMS TO BE AMENDED OR CORRECTED</b>   | ITEM OMITTED OR IN ERROR  |   | BIRTH CERTIFICATE SHOWS                          |                           | SHOULD BE  |                                 |         |
|   | child's given name  |   | omitted  |                           | Marcelle Alice   |                                 |         |
|   |   |   |  |                           |  |                                 |         |
|   |   |   |  |                           |  |                                 |         |
| AFFIDAVIT   | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER) <i>Marcelle Alice Dendy Harris</i> |   |  |                           | RELATIONSHIP   |                                 |         |
| NOTARY (AFFIX SEAL)   | SUBSCRIBED AND SWORN TO BEFORE ME ON<br><i>September 14 1978</i>  |   | SIGNATURE OF NOTARY<br><i>Mary Lee C. Carter</i> |                           | NOTARY COMMISSION EXPIRES<br>My Commission Expires November 14 1979. |                                 |         |
| AFFIDAVIT   | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER)                                    |   |  |                           | RELATIONSHIP   |                                 |         |
| NOTARY (AFFIX SEAL)   | SUBSCRIBED AND SWORN TO BEFORE ME ON<br>19  |   | SIGNATURE OF NOTARY                              |                           | NOTARY COMMISSION EXPIRES<br>19                                      |                                 |         |
| <b>DO NOT WRITE BELOW THIS LINE</b>   |   |   |  |                           |  |                                 |         |
| <b>ABSTRACT of Supporting Evidence (for health dept. use)</b>                   | NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)  |   |  |                           |  | DATE ORIGINAL DOCUMENT WAS MADE |         |
|   | 1   | Employment record (The Town of Forest City) Forest City, NC |  |                           |  |                                 | 11/8/65 |
|   | 2   |   |  |                           |  |                                 |         |
|   | 3   |   |  |                           |  |                                 |         |
|   | INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE   |   |  |                           |  |                                 |         |
|   | 1   | Marcelle Alice (Harris) - DOB 4/29/16                       |  |                           |  |                                 |         |
|   | 2   |   |  |                           |  |                                 |         |
| DHEC No. 613<br><br>Rev. 2/75<br><br><i>0147</i>                                | 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                        |                           | EVIDENCE REVIEWED BY   | DATE FILED                      |         |
|   |   |   | <i>Doris M. Byars</i>                            |                           | <i>Michelle W. Shealy</i>  | 10-3-78                         |         |