

**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 <b>Candace Elizabeth Williams</b>			STATE FILE OR BIRTH NUMBER <b>139-23-010554</b>	
	Month <b>Mar</b>	Day <b>1</b>	Year <b>1923</b>	BIRTH PLACE <b>Greenville</b>	County State <b>S. C.</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS		SHOULD BE	
	child's given name	omitted		Candace Elizabeth Williams	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>X Candace Elizabeth Williams</i>			RELATIONSHIP <b>(Baten) Self</b>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>20th of August 19 80</i>		SIGNATURE OF NOTARY <i>John W. Sullivan</i>		NOTARY COMMISSION EXPIRES <i>8-8-83</i> 19
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)			RELATIONSHIP	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 19		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES 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	Own marriage license No# Asheville, N.C.	12-11-53
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Candace Elizabeth Williams Age: 30	
2		
3		

DHEC No. 613

Rev. 2/75

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

*Anna S. Owens*

EVIDENCE REVIEWED BY

*Lynn B. Norman*

DATE FILED

*9-3-80*

*0758*