

# 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		
	Etrulia Sue Miller				139-16-085724		
	BIRTH DATE	Month Nov. 19, 1916	Day 19	Year 1916	BIRTH PLACE	City or Town Greenville	
					County Greenville	State SC	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's Given Name			Omitted		Etrulia Sue Miller	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>[Signature]</i>					RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON November 6, 1975			SIGNATURE OF NOTARY <i>[Signature]</i>		NOTARY COMMISSION EXPIRES November 19, 1983	
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE						
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)					DATE ORIGINAL DOCUMENT WAS MADE	
	1	Marriage License #1961 Greenville County					Dec. 24, 1938
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	Etrulia Sue Miller					
	2						
	3						
	ADDITIONAL INFORMATION						
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic. </div> <div style="width: 20%;"> ASSISTANT STATE REGISTRAR  <i>[Signature]</i> </div> <div style="width: 20%;"> EVIDENCE REVIEWED BY  <i>[Signature]</i> </div> <div style="width: 20%;"> DATE FILED  11-28-75 </div> </div>							

DHEC No. 613

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