

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 NELLIE HUGHES			STATE FILE OR BIRTH NUMBER 139-16-082931		
	BIRTH DATE	Month Oct	Day 29	Year 1916	BIRTH PLACE Oconee Co.	City or Town S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	First name misspelled			Nellie		NELLIE
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) X Nellie H Dillard				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON July 29 1976		SIGNATURE OF NOTARY Vicki M. Dukes		NOTARY COMMISSION EXPIRES JUNE 19, 1983 MY COMMISSION EXPIRES 19	
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	Oconee Memorial Hospital Record Oconee Co. S.C.			Apr 26 1954	
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
1	NELLIE HUGHES D/B Oct 29 1916					
2						
3						
ADDITIONAL INFORMATION						
DHEC No. 613 Rev. 11/73						
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 Doris M. Byars		EVIDENCE REVIEWED BY Vicki M. Dukes		
				DATE FILED 8 19 76		