

**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<br><b>Minnie Ruth Shirley</b>   |                      |                  |                     | STATE FILE OR BIRTH NUMBER<br><b>139-22-003044</b>  |   |
|   | BIRTH DATE  | Month<br><b>Jan.</b> | Day<br><b>08</b> | Year<br><b>1922</b> | BIRTH PLACE   | County<br><b>Anderson</b><br>State<br><b>S.C.</b> |
| ITEMS TO BE AMENDED OR CORRECTED  | ITEM OMITTED OR IN ERROR  |                      |                  |                     | BIRTH CERTIFICATE SHOWS   |   |
|   | Child's given name  |                      |                  |                     | Omitted   |   |
|   | Surname   |                      |                  |                     | Shiley  |   |
|   | Sex   |                      |                  |                     | Male  |   |
| AFFIDAVIT   | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER) <i>✓ Ruth S. Fields</i>    |                      |                  |                     | RELATIONSHIP<br><b>Self</b>   |   |
| NOTARY (AFFIX SEAL)   | SUBSCRIBED AND SWORN TO BEFORE ME ON<br><b>Feb 7 1984</b>   |                      |                  |                     | SIGNATURE OF NOTARY<br><i>✓ Frances Fuller</i><br>NOTARY COMMISSION EXPIRES<br><b>March 8 19 89</b> |   |
| AFFIDAVIT   | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER) <i>✓ Minnie R. Shirley</i> |                      |                  |                     | RELATIONSHIP<br><i>mother</i>   |   |
| NOTARY (AFFIX SEAL)   | SUBSCRIBED AND SWORN TO BEFORE ME ON<br><b>19</b>   |                      |                  |                     | SIGNATURE OF NOTARY<br><i>✓</i><br>NOTARY COMMISSION EXPIRES<br><b>19</b>                           |   |

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   | Child's birth record 139 58 017195 Columbia SC                     | May 5 1958                      |
| 2   | Sister's record 139 23 016654 brother's birth record 139 26 020858 | Jun 10 1923<br>Jul 4 1926       |
| 3   | Child's birth record 139 58 017195 Columbia SC                     | May 5 1958                      |
| INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE |  |                                 |
| 1   | Minnie Ruth Shirley age 36   |                                 |
| 2   | Father Aaron Shirley Father Aaron Shirley                          |                                 |
| 3   | Mother Minnie Ruth Shirley   |                                 |

DHEC No. 613

Rev. 2/75

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

*Angie Owens*

EVIDENCE REVIEWED BY

*John Hardin*

DATE FILED

*2/9/84*

*1847*