

# 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			
	<b>Marjorie Simmons</b>			<b>139-22-000597</b>			
BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County	State
	<b>January</b>	<b>17,</b>	<b>1922</b>	<b>Mt. Pleasant,</b>	<b>Charleston,</b>	<b>S. C.</b>	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	<b>given name</b>			<b>Maggie</b>		<b>Marjorie</b>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP		
	SIGNATURE OF PARENT (OR OTHER)				<b>self</b>		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	<b>February 2,</b>			<b>19</b>	<i>Dorothy G. Pearlstine</i>		<b>19</b>
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE						DOROTHY G. PEARLSTINE NOTARY PUBLIC FOR SOUTH CAROLINA
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)						My Commission expires <b>DATE ORIGINAL DOCUMENT WAS MADE</b>
	1	<b>Her daughter's birth certificate #139-44-034134, Chas., S. C.</b>					<b>Oct. 11, 1944</b>
	2						
3							
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
1	<b>Marjorie Simmons</b>						
2							
3							
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>Keris M. Bryan</i>				<i>Dorothy M. Chaplin</i>		<b>2-6-76</b>	
1385 Ashley River Rd, Apt. 51-D Chas. S.C. 29407							