

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 Marie Elizabeth Gullledge				STATE FILE OR BIRTH NUMBER 139-23-049109	
	BIRTH DATE	Month Nov.	Day 5	Year 1923	BIRTH PLACE Chesterfield	County SC

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Given Name of Child	Eliza Marie	Marie Elizabeth Gullledge
	Date of Birth	March 5, 1924	November 5, 1923

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Grace Alice Gullledge</i>	RELATIONSHIP Mother
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Oct 2 1985</i>	SIGNATURE OF NOTARY <i>Jeanneth Chapin</i> NOTARY COMMISSION EXPIRES <i>Sep 7 1989</i>

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 _____	SIGNATURE OF NOTARY _____ NOTARY COMMISSION EXPIRES _____

DO NOT WRITE BELOW THIS LINE

ABSTRACT of Supporting Evidence (for health depl. use)	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)		DATE ORIGINAL DOCUMENT WAS MADE
	1	Lake View High School Record Dillon, SC	1937/1938
	2	Same as Item #1	
	3		
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Marie Elizabeth Gullledge DOB Nov. 5, 1923		
2	DOB Nov. 5, 1923		
3			

DHEC No. 613 Rev. 2/75 0427	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 <i>Ann L Owens, wn</i>	EVIDENCE REVIEWED BY <i>Wanda S. Wilson</i>	DATE FILED <i>10-3-85</i>