

**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 Gullede				STATE FILE OR BIRTH NUMBER 139-23-049109	
	BIRTH DATE	Month Nov.	Day 5	Year 1923	BIRTH PLACE	County Chesterfield
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given Name of Child		Eliza Marie		Marie Elizabeth Gullede	
	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 Alene Gullede</i>				RELATIONSHIP Mother	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Oct 2 1985</i>		SIGNATURE OF NOTARY <i>Jeannette Chapman</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 19		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES 19	
<b>DO NOT WRITE BELOW THIS LINE</b>						
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	Lake View High School Record Dillon, SC				1937/1938
	2	Same as Item #1				
DHEC No. 613 Rev. 2/75 0427	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	Marie Elizabeth Gullede DOB Nov. 5, 1923				
	2	DOB Nov, 5, 1923				
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>Alex G Owens, JR</i>		EVIDENCE REVIEWED BY <i>Wanda S. Wilson</i>		DATE FILED <i>10-3-85</i>