

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

FEB 24 1922 F/LRB 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				STATE FILE OR BIRTH NUMBER			
	Margaret Mary Riley				139-22-003377			
	Month	Day	Year	BIRTH PLACE	City or Town	County	State	
	FEB	14	1922	Charleston	Charleston	SC		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS			
	Given Name				Omitted			
					Margaret Mary Riley			
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:						RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER) <input checked="" type="checkbox"/> Her Mark						SELF	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON MAY 6, 19 93						NOTARY COMMISSION EXPIRES	
	SIGNATURE OF NOTARY <i>Lisa R. Bates</i>						FEB 24 2003	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:						RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)							
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON						NOTARY COMMISSION EXPIRES	
	SIGNATURE OF NOTARY							

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	Social Security Application, Baltimore, MD #248-16-6726	AUG 1971
2		
3		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

1	NAME: Margaret Mary Riley	DOB: FEB 14 1922
2		
3		

DHEC No. 613

Rev. 2/75

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>Claudia A. Morse</i>	EVIDENCE REVIEWED BY <i>Lisa R. Bates</i>	DATE FILED 5-20-93

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