

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				
BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County	State	BIRTH DATE	
	FEB	14	1922		Charleston	Charleston	SC		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS				SHOULD BE
	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) <i>X</i> Her Mark						SELF		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON MAY 6, 19 93				SIGNATURE OF NOTARY <i>Lisa R. Bates</i>		NOTARY COMMISSION EXPIRES FEB 24 19 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				SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		
	19						19		

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	ADDITIONAL INFORMATION		
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 <i>Claudia A. Morse</i>	EVIDENCE REVIEWED BY <i>Lisa R. Bates</i>
0076			DATE FILED 5-20-93