

**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 <b>WINNIE BELLE SKIPPER</b>				STATE FILE OR BIRTH NUMBER <b>139-22-004983</b>		
	BIRTH DATE	Month <b>January</b>	Day <b>1</b>	Year <b>1922</b>	BIRTH PLACE	City or Town <b>Marion</b>	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	<b>Given Name</b>		<b>No Name Listed</b>		<b>Winnie Belle Skipper</b>		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Winnie Skipper Lucas</i>				RELATIONSHIP <b>SELF</b>		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>May 11 19 78</b>		SIGNATURE OF NOTARY <i>Theresa Ruby M. Cook</i>		NOTARY COMMISSION EXPIRES <b>March 10 1982</b>		
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 <b>19</b>		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES <b>19</b>		
<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	<b>Daughter's BC 139-48-054467 Marion Co, S.C.</b>					<b>Jan 5, 1949</b>
	2						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	<b>Winnie Belle Skipper age 26 yrs.</b>					
	2						
DHEC No. 613 Rev. 2/75 <b>0455-</b>	ADDITIONAL INFORMATION <b>child's date of birth is 12-3-48</b>						
	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>Doira M. Byrum AB</i>		EVIDENCE REVIEWED BY <i>Theresa Ruby M. Cook</i>	DATE FILED <b>5-19-78</b>	