

f-1-31-22 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			STATE FILE OR BIRTH NUMBER		
	MIRIAM C. CLARY			139-22-000695		
	Month	Day	Year	City or Town	County	State
	BIRTH DATE	Jan 24 1922		BIRTH PLACE	Cherokee	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	given name		Marion Clary		Miriam C. Clary	
	day of birth		Jan 27 1922		Jan 24 1922	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Miriam C. Turner</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>October 21 1983</i>		SIGNATURE OF NOTARY <i>Evelyn R. Clary</i>		NOTARY COMMISSION EXPIRES <i>April 1 1987</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	

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	Durham Life Ins. Pol. #5 94 93 93, Raleigh, N.C.	May 01, 1975
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Miriam C. Turner, dob Jan 24, 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

*Ann D. Duane KP*

EVIDENCE REVIEWED BY

*John R. Wheeler*

DATE FILED

11-7-83

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