

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 Boykin Lisenby			STATE FILE OR BIRTH NUMBER 139-16-080866			
	BIRTH DATE	Month October	Day 2,	Year 1916	BIRTH PLACE	City or Town Chesterfield	County Chesterfield
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's Given Name			Un-Named Lisenby		Boykin Lisenby	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Boykin Lisenby</i>					RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>W.G. Davis</i> 10-4 1978			SIGNATURE OF NOTARY <i>W.G. Davis</i>		NOTARY COMMISSION EXPIRES 5-5-87 19	
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			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	Appl. Soc. Sec. Acct. #249 32 1203, Baltimore, Maryland	11/1942
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	BOYKIN LISENBY-(DOB-10/02/1916)	
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	EVIDENCE REVIEWED BY	DATE FILED
	<i>Doris M. Byason</i>	<i>Genal R. Brooks</i>	11.20.78

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