

2-9-22F 327004 AFFIDAVIT OF CORRECTION TO BIRTH RECORD
212808 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 Allie Lorena Manning | | | | STATE FILE OR BIRTH NUMBER 139 22 000254 | | |
| | BIRTH DATE | Month Jan | Day 9 | Year 1922 | BIRTH PLACE | County Anderson | |
| ITEMS TO BE AMENDED OR CORRECTED | ITEM OMITTED OR IN ERROR | | BIRTH CERTIFICATE SHOWS | | SHOULD BE | | |
| | given name | | Lorena | | Allie Lorena Manning | | |
| | day of birth | | Jan 22 1922 | | Jan 9 1922 | | |
| | | | | | | | |
| AFFIDAVIT | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Allie M. King</i> | | | | RELATIONSHIP self | | |
| NOTARY (AFFIX SEAL) | SUBSCRIBED AND SWORN TO BEFORE ME ON May 27 19 83 | | SIGNATURE OF NOTARY <i>Francis Fuller</i> | | NOTARY COMMISSION EXPIRES March 8 19 '89 | | |
| 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 | Social Security Appl. #250 26 0688 Baltimore Md | | | | | June 1958 |
| | 2 | Same Document | | | | | |
| | 3 | | | | | | |
| | INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE | | | | | | |
| | 1 | Allie Lorena Manning BD Jan 09 1922 | | | | | |
| | 2 | Allie Lorena Manning BD Jan 09 1922 | | | | | |
| | 3 | | | | | | |
| | 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>Ann H. Owens</i> | | EVIDENCE REVIEWED BY <i>Francis Fuller</i> | | |

DATE FILED
6/2/83

DHEC No. 613

Rev. 2/75

1844