

2-9-22F 327004 AFFIDAVIT OF CORRECTION TO BIRTH RECORD
 212808 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 Allie Lorena Manning						STATE FILE OR BIRTH NUMBER 139 22 000254	
	BIRTH DATE	Month Jan	Day 9	Year 1922	BIRTH PLACE	City or Town Anderson	County	State S C
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				

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 M. Owens

EVIDENCE REVIEWED BY

Francis Fuller

DATE FILED

6/2/83

1844