

**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 Mirian Eileen Ammons			STATE FILE OR BIRTH NUMBER 139-22-001012			
	BIRTH DATE	Month January	Day 7,	Year 1922	BIRTH PLACE	City or Town Dillon	County Dillon
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's given name			Miriam Irene		Mirian Eileen Ammons	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE <del>OF REGISTRANT</del> <i>Miriam Eileen A. Lewis</i>					RELATIONSHIP <u>SELF</u>	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>April 18</i> 1980			SIGNATURE OF NOTARY <i>[Signature]</i>		NOTARY COMMISSION EXPIRES <i>OCTOBER 17</i> 1989	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE <del>OF REGISTRANT</del>					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 Appli. #250-28-3810 Baltimore, MD	6/ /41
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Mirian Eileen Ammons - DOB 1/7/22	
2		
3		

DHEC No. 613

Rev. 2/75

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. Ammons</i>	EVIDENCE REVIEWED BY <i>Wm. [Signature]</i>	DATE FILED 4-23-80

*1934*