

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH				STATE FILE OR BIRTH NUMBER	
	Norman J Lewis				139-16-078025	
BIRTH DATE	Month	Day	Year	City or Town	County	State
	Aug	18	1916	Lexington	SC	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's given name		Unnamed		Norman J Lewis	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)		SIGNATURE OF NOTARY		self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON				NOTARY COMMISSION EXPIRES	
	Apr 18 1978		Mary Drake		My Commission Expires April 1, 1982 19	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON				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	Own Marr. Lic.; Lexington Co. SC no#				12-2-1939
	2					
	3					
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
1	Norman J Lewis age: 23 yrs.					
2						
3						
DHEC No. 813	ADDITIONAL INFORMATION					
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		EVIDENCE REVIEWED BY	DATE FILED
0023			Doris M. Byars		Mary Drake	4/19/78