

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	
	Month	Day	Year	City or Town	County	State
	BIRTH DATE	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: SIGNATURE OF PARENT (OR OTHER) <i>Norman J. Lewis</i>				RELATIONSHIP self	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON Apr 18 1978			SIGNATURE OF NOTARY <i>Mary Drake</i>		NOTARY COMMISSION EXPIRES My Commission Expires April 1, 1981
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
ABSTRACT of Supporting Evidence [for health dept. use]	DO NOT WRITE BELOW THIS LINE					
	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. 613	ADDITIONAL INFORMATION					
Rev. 2/75 0023	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>Doris M. Beyaize</i>		EVIDENCE REVIEWED BY <i>Mary Drake</i>	DATE FILED 4/19/78