

AFFIDAVIT OF CORRECTION TO BIRTH RECORD						
LRM 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				STATE FILE OR BIRTH NUMBER	
	MARY LOUISE FREEMAN				139-23-000398	
	BIRTH DATE	Month	Day	Year	BIRTH PLACE	County State
	JAN		11	1923	CHARLESTON	CHARLESTON SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	GIVEN NAME		LOUISE		MARY LOUISE FREEMAN	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER) <i>Mary Louise Gallashaw</i>				SELF	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	<i>22 November 1996</i>		<i>Le Roy Wright</i>		<i>14 June 1999</i>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)					
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	19				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 STATEMENT FROM NEW ISRAEL REFORMED CHURCH, CHAS. SC				SEP 25 1960	
	2					
	3					
DHEC No. 613 Rev. 2/75	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1 NAME: MARY LOUISE GALLASHAW DOB: 1/11/23					
	2					
	3					
1068	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>Edith Freeman</i>		EVIDENCE REVIEWED BY <i>Quia R. Nelson</i>		DATE FILED <i>2/3/97</i>