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**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	City or Town	County	State		
	JAN	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:						SIGNATURE OF PARENT (OR OTHER)			
	<i>Mary Louise Gallashaw</i>						RELATIONSHIP			
	X						SELF			
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY			NOTARY COMMISSION EXPIRES			
	<i>12 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:						SIGNATURE OF PARENT (OR OTHER)			
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY			NOTARY COMMISSION EXPIRES			
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									
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE										
1	NAME: MARY LOUISE GALLASHAW DOB: 1/11/23									
2										
3										
DHEC No. 613 Rev. 2/75	ADDITIONAL INFORMATION									
1068	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	
				<i>[Signature]</i>			<i>[Signature]</i>		<i>2/3/97</i>	