

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
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 LOUISE R WILLIAMS		STATE FILE OR BIRTH NUMBER 139-23-000051		
	Month BIRTH DATE JAN	Day 02	Year 1923	City or Town AIKEN	County S. C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given name		Omitted		RUBY L WILLIAMS
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Louise R. Winter</i>			RELATIONSHIP SELF	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON SEP 26 1984		SIGNATURE OF NOTARY <i>Myrtle L. Foster</i>	NOTARY COMMISSION EXPIRES JUN 28 1988	
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	

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	Ins. po. # 4788741 Metropolitan Life, New York, NY	MAR 01 1943
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	LOUISE R WILLIAMS (Age next b. c. 21)	
2		
3		

DHEC No. 613

Rev. 2/75

ADDITIONAL INFORMATION		ASSISTANT STATE REGISTRAR <i>Ann S. Owens</i>	EVIDENCE REVIEWED BY <i>Myrtle L. Foster</i>	DATE FILED 10-2-84
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.				

0048