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AFFIDAVIT OF CORRECTION TO BIRTH RECORD

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SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH				STATE FILE OR BIRTH NUMBER		
	Ollie M. Williams				22-002573		
	BIRTH DATE	Month JAN	Day 15	Year 1922	BIRTH PLACE	City or Town Sumter	
					County Sumter	State SC	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Given Name		Clara Williams		Ollie M. Williams		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Mrs. Ollie M. Stevens</i>				RELATIONSHIP Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>March 11 1982</i>		SIGNATURE OF NOTARY <i>Mardell Balkcom</i>		NOTARY COMMISSION EXPIRES <i>June 25 1984</i>		
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 <div style="text-align: right;">19</div>		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES <div style="text-align: right;">19</div>		
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	Life of Georgia Ins. Policy #1155358 issued in Atlanta, Ga.					06/01/72
	2						
	3						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
	1	Ollie M. (Stevens) Age 50					
	2						
	3						
ADDITIONAL INFORMATION							
DHEC No. 613 Rev. 2/75 <i>0941</i>		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>Ann B. Owens, JR</i>	EVIDENCE REVIEWED BY <i>Lester W. Price</i>	DATE FILED <i>3/19/82</i>	