

36374 2-27-22f 36375

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

1982 2 02 8

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 Eloise Wynn			STATE FILE OR BIRTH NUMBER 139 22 003014				
	BIRTH DATE	Month Feb	Day 20	Year 1922	BIRTH PLACE	City or Town Anderson	County Anderson	State SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE			
	Given name in error		Ella Louise		Eloise Wynn			
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Eloise Robinson</i>					RELATIONSHIP Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>September 24</i> 19 <i>82</i>		SIGNATURE OF NOTARY <i>Jeanine M. Sidwell</i>		NOTARY COMMISSION EXPIRES <i>March 24</i> 19 <i>90</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 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	The Independent Life Ins Co Pol# L030048A Jacksonville Fla					Mar 21 1960	
	2							
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	1							
	Eloise Robinson age 39 next birthday							
	2							
3								
DHEC No. 613	ADDITIONAL INFORMATION							
Rev. 2/75 <i>0175</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 S. Owens</i>		EVIDENCE REVIEWED BY <i>Ann Hardin</i>		DATE FILED <i>9-28-82</i>	