

# AFFIDAVIT OF CORRECTION TO BIRTH RECORD

## 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				
	Alma Lucille Williams			139-16-052643				
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month March	Day 14	Year 1916	BIRTH PLACE	City or Town Horry	County Horry	State S.C.
	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's given name				Alma		Alma Lucille Williams	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:						RELATIONSHIP self	
	SIGNATURE OF PARENT (OR OTHER) <i>Lucille W. Williams</i>							
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON				SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	<i>June 2 1976</i>				<i>Martha L. Jarmon</i>		<i>May 7 1979</i>	
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE							
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)						DATE ORIGINAL DOCUMENT WAS MADE	
	1	Child's birth record #79, N.C. BVS						12-4-48
	2							
	3							
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
	1	ALMA LUCILLE						
2								
3								
DHEC No. 613 Rev. 11/73								
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>Louis M. Byars</i>			EVIDENCE REVIEWED BY <i>Earl Bleakley</i>		DATE FILED <i>6-17-76</i>