

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				
BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County	State	
	March	14	1916			Horry	S.C.	
ITEMS TO BE AMENDED OR CORRECTED	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		
	SIGNATURE OF PARENT (OR OTHER) <i>Lucille W. [unclear]</i>					self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		
	<i>June 2 1976</i>			<i>Martha L. [unclear]</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		EVIDENCE REVIEWED BY		DATE FILED	
			<i>Doris M. Byars</i>		<i>Earl Bleakley</i>		<i>6-17-76</i>	