

F/4/24/23

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 LILLIE HARVIN			STATE FILE OR BIRTH NUMBER 139-23-009964		
	BIRTH DATE Month Day Year Apr 17 1923	BIRTH PLACE City or Town Clarendon	County Clarendon	State .S.C.		

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Given Name	Evelyn	Lillie Harvin

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Lillie Harvin</i>	RELATIONSHIP Self
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NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Oct 29 1984</i>	SIGNATURE OF NOTARY <i>Paul Kirby</i>	NOTARY COMMISSION EXPIRES <i>July 1 1986</i>
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AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>[Signature]</i>	RELATIONSHIP
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NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 19	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES 19
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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 Child's Birth Certificate # 48-21973-D Baltimore, Md	10-13-48
	2	
	3	

DHEC No. 613 Rev. 2/75	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE
	1 Lillie Harvin age 25 yrs.
	2
	3

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>Ann S. Owens</i>	EVIDENCE REVIEWED BY <i>Cecily P. Stewart</i>	DATE FILED <i>11-8-84</i>

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