

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 Wellmon Gill				STATE FILE OR BIRTH NUMBER 139-22-02754	
	BIRTH DATE	Month 1	Day 22	Year 1922	CITY OR TOWN York	COUNTY South Carolina
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given Name			Welton Gill		Wellmon Gill
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Wellmon Gill</i>				RELATIONSHIP person involved	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON July 7		19 75	SIGNATURE OF NOTARY <i>Francis P. Sharpe</i>		NOTARY COMMISSION EXPIRES 11/11/79
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 Verified by N. C. Driver's License # 1695083, Raleigh, N. C.					1-05-70
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1 WELLMON GILL					
	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>Donna Byars</i>		EVIDENCE REVIEWED BY <i>Ruth K. Duncan</i>	
					DATE FILED 10/3/75	

DHEC No. 613

Rev. 11/73