

F/2-9-23 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 Alqueen Stephens				STATE FILE OR BIRTH NUMBER 139-23-001906			
	BIRTH DATE	Month Jan	Day 6	Year 1923	BIRTH PLACE	City or Town Orangeburg	County SC	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE			
	Child's name omitted		Name omitted		Alqueen Stephens			
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT [OR OTHER] <i>Alqueen White</i>				RELATIONSHIP Self			
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>March 10th 1983</i>		SIGNATURE OF NOTARY <i>Willie Seward</i>		NOTARY COMMISSION EXPIRES Notary Public, Phila., Phila. Co. My Commission Expires Oct. 26, 1985			
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	Application Metropolitan Life Ins Co Philadelphia, PA (not num-bered)					1-8-1975	
	2							
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
	1	Alqueen White DOB: 1-6-1923						
	2							
DHEC No. 613 Rev. 2/75	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 H. Owens</i>		EVIDENCE REVIEWED BY <i>Myra T. Strickland</i>		DATE FILED 8-11-83	

1994