

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH		STATE FILE OR BIRTH NUMBER			
	PEARL A. ACKERMAN		139-22-001081			
	BIRTH DATE	Month Day Year	BIRTH PLACE	City or Town	County State	
	Jan.	15,	1922	Dorchester,	S.C.	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	given name		unnamed		Pearl A Ackerman	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Pearl A. Ackerman Cantwell</i>			RELATIONSHIP Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>November 18</i> 19 <i>83</i>		SIGNATURE OF NOTARY <i>Theresa C. Meff</i>		NOTARY COMMISSION EXPIRES <i>July 18</i> 19 <i>87</i>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Michael R Cantwell</i>			RELATIONSHIP Son		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>November 18</i> 19 <i>83</i>		SIGNATURE OF NOTARY <i>Theresa C. Meff</i>		NOTARY COMMISSION EXPIRES <i>July 18</i> 19 <i>87</i>	
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	Voter's registration statement: Charleston County, S.C. #0221958)				May 8, 1968
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	Name: Pearl A. Cantwell		DOB: Jan. 15, 1922		
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		
<i>Ann A Owens</i>		<i>Brenda Kinton</i>		DATE FILED		
				11-28-83		

DHEC No. 613

Rev. 2/75

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