

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			STATE FILE OR BIRTH NUMBER			
	Louvenia Garvin			139-22-003176			
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month Feb	Day 25	Year 1922	BIRTH PLACE City or Town Barnwell	County SC	State
	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given Name of Child				Eloise Garvin		Louvenia Garvin
	Date of Birth				Feb 24 1922		Feb 25 1922
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Louvenia Anderson</i>						RELATIONSHIP Self
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>June 13</i> 19 <i>91</i>			SIGNATURE OF NOTARY <i>[Signature]</i>		NOTARY COMMISSION EXPIRES DEBORAH L. WYATT Notary Public, State of New York No. 41 4865121 Qualified in Queens County Commission Expires Sept 15, 19 <i>92</i>	
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	
DO NOT WRITE BELOW THIS LINE							
NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)							
1 Board of Elections printout #Q1051151						DATE ORIGINAL DOCUMENT WAS MADE	
2 Same as item #1						Queens, NY 1-18-82	
3							
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
1 Louvenia (Anderson)							
2 Feb 25 1922							
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>Murray B. Anderson</i>		EVIDENCE REVIEWED BY <i>Jeannette Grayson</i>	
						DATE FILED 7-1-91	

DHEC No. 613

Rev. 2/75

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