

**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  |  |   |              | STATE FILE OR BIRTH NUMBER  |                                   |
|   | Nora Allen   |  |   |              | 139-16-074915   |                                   |
|   | BIRTH DATE   | Month<br>Aug   | Day<br>4  | Year<br>1916 | BIRTH PLACE   | County<br>Sumter<br>State<br>S.C. |
| ITEMS TO BE AMENDED OR CORRECTED  | ITEM OMITTED OR IN ERROR   |  | BIRTH CERTIFICATE SHOWS                               |              | SHOULD BE   |                                   |
|   |  |  |   |              |   |                                   |
|   | Child's name   |  | Alice Allen   |              | Nora Allen  |                                   |
|   |  |  |   |              |   |                                   |
| AFFIDAVIT   | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER) <i>Nora Allen Calclough</i> |  |   |              | RELATIONSHIP <u>self</u>  |                                   |
| NOTARY<br>[AFFIX SEAL]  | SUBSCRIBED AND SWORN TO BEFORE ME ON<br><i>Sept 19</i> 19 <i>78</i>  |  | SIGNATURE OF NOTARY<br><i>J. Mike Michelson</i>       |              | NOTARY COMMISSION EXPIRES <i>dated and</i> MY COMMISSION EXPIRES JULY 1, 1982 |                                   |
| AFFIDAVIT   | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER)                             |  |   |              | RELATIONSHIP  |                                   |
| NOTARY<br>[AFFIX SEAL]  | SUBSCRIBED AND SWORN TO BEFORE ME ON<br>19   |  | SIGNATURE OF NOTARY                                   |              | NOTARY COMMISSION EXPIRES<br>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  | Own Marriage License # 1291 (7-26-35) Kershaw Co, SC |   |              |   | Aug 27, 1935                      |
|   | 2  |  |   |              |   |                                   |
|   | 3  |  |   |              |   |                                   |
|   | INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE  |  |   |              |   |                                   |
|   | 1  | Nora Allen (AGE: 18)                                 |   |              |   |                                   |
|   | 2  |  |   |              |   |                                   |
|   | 3  |  |   |              |   |                                   |
|   | ADDITIONAL INFORMATION   |  |   |              |   |                                   |
| DHEC No. 613<br>Rev. 2/75<br><br>0117   | 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<br><i>Doris M. Byars RF</i> |              | EVIDENCE REVIEWED BY<br><i>Barbara H. Freeman</i>                             | DATE FILED<br>10-5-78             |