

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 Nora Allen				STATE FILE OR BIRTH NUMBER 139-16-074915		
	BIRTH DATE	Month Aug	Day 4	Year 1916	BIRTH PLACE	City or Town Sumter	County 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: SIGNATURE OF PARENT (OR OTHER) <i>Nora Allen Calclough</i>	RELATIONSHIP <u>self</u>
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NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Sept 19 1978</i>	SIGNATURE OF NOTARY <i>J. Mike Michelson</i>	NOTARY COMMISSION EXPIRES <i>dated and</i> MY COMMISSION EXPIRES JULY 1, 1982
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AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)	RELATIONSHIP
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NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON 19	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES 19
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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		

ABSTRACT of Supporting Evidence (for health dept. use)	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1	Nora Allen (AGE: 18)	
	2		

DHEC No. 613 Rev. 2/75 0117	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>Doris M. Byars RF</i>	EVIDENCE REVIEWED BY <i>Barbara H. Freeman</i>