

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 Louise Wood				STATE FILE OR BIRTH NUMBER 139-22-000698	
	BIRTH DATE Month Jan	Day 6	Year 1922	BIRTH PLACE City or Town	County Cherokee	State SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's Full Name		Omitted		Louise Wood	
	Date of Birth		January 5, 1922		January 6, 1922	
	Father's Given Name		Berriman		Beryemon	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Louise Dye</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON MAY 31 1990		SIGNATURE OF NOTARY <i>William V. Wood</i>		NOTARY COMMISSION EXPIRATION 5-1-91	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Louise Wood</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON MAY 31 1990		SIGNATURE OF NOTARY <i>William V. Wood</i>		NOTARY COMMISSION EXPIRATION 5-1-91	
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE					
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)					
	1 Social Security Application #239-18-3707, Baltimore, MD					DATE ORIGINAL DOCUMENT WAS MADE
	2 Same as Above					October 1945
3 Same as Line #1						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
1 Louise (Dye)						
2 DOB: January 06, 1922						
3 Beryemon - Father's Given Name						
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>Anna H. Owens, b.m.</i>		EVIDENCE REVIEWED BY <i>Brenda R. Muhammad</i>		
				DATE FILED 8-8-90		

DHEC No. 613

Rev. 2/75

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