

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				
	Alma Pauline Wells			139-22-004437				
BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County	State	
	February	1,	1922	Greenville,	Greenville,	SC	SC	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE			
	Child's name		Unnamed Wells		Alma Pauline Wells			
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)				RELATIONSHIP			
	<i>Alma Pauline w Lightly</i>				Self			
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES			
	Feb. 19,	19 82	<i>Margaret Katherine Beuy</i>		Jan. 20,	19 91		
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		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES			
	19				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	Son's birth cert. #139-53-005261, Greenville, SC					Feb. 8, 1953	
	2							
	3							
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
	1	Alma Pauline Wells Age 31						
	2							
	3							
DHEC No. 613 Rev. 2/75	ADDITIONAL INFORMATION							
<i>0182</i>	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		DATE FILED	
			<i>Ann H. Owen / Jr</i>		<i>Katherine Beuy</i>		2-23 82	