

# 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 <b>ALMA SYVILLA GRAHAM</b>			STATE FILE OR BIRTH NUMBER <b>139-22-005148</b>		
	BIRTH DATE	Month <b>Feb</b>	Day <b>9</b>	Year <b>1922</b>	BIRTH PLACE <b>Oconee Co.</b>	City or Town <b>S.C.</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	<i>Middle name misspelled</i>			<i>Savilla</i>		<i>SYVILLA</i>
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>X Alma Graham Morris</i>				RELATIONSHIP <i>Self</i>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Aug 26, 1976</i>			SIGNATURE OF NOTARY <i>Vicki M. Duker</i>	NOTARY COMMISSION EXPIRES <i>JUNE 19, 1983</i>	
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)					DATE ORIGINAL DOCUMENT WAS MADE
	1	<i>SS Application #251-18-6250 Baltimore, Md.</i>				<i>Oct 23 1939</i>
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	<i>ALMA SYVILLA GRAHAM d/b Feb 9 1922</i>				
	2					
	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>Norm M. Byars Jr</i>		EVIDENCE REVIEWED BY <i>Vicki M. Duker</i> <i>Deputy Registrar</i>		
				DATE FILED <i>9-1-76</i>		

DHEC No. 613

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