

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			
	Allen Smith				139-16-047829			
BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County	State	
	Feb.	6	1916	Calhoun Falls	Abbeville	S. C.		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given name				William		Allen	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:					RELATIONSHIP	Self	
	SIGNATURE OF PARENT (OR OTHER) <i>Allen Smith</i>							
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		
	2-11-1976			<i>W. F. Nickles</i>		6-19 1978		

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	Application for Social Security Card #214-03-9812, Baltimore, Md.	6-16-1937
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Allen Smith	
2		
3		

DHEC No. 613
Rev. 11/73

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

Doris M. Byars

EVIDENCE REVIEWED BY

W. F. Nickles

DATE FILED

3-8-76