

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 LORICE BATES			STATE FILE OR BIRTH NUMBER 139-22-002897		
	BIRTH DATE	Month JAN	Day 24	Year 1922	CITY OR TOWN AIKEN	COUNTY SOUTH CAROLINA
	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		
	GIVEN NAME			LORINE		
ITEMS TO BE AMENDED OR CORRECTED						
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Lorine B. Kirkland</i>				RELATIONSHIP <i>Self</i>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON JANUARY 11 19 85			SIGNATURE OF NOTARY <i>Myrtle L. Foster</i>		NOTARY COMMISSION EXPIRES JUNE 28 19 88
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 19			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES 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	EMPLOY REC CLEARWATER FIN PLANT UNITED MERCHANTS CLEARWATER S C	SEP 03 1942
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	LORICE BATES DOB 1-24-22	
2		
3		

DHEC No. 613
Rev. 2/75

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>Ann H. O'Neal</i>	EVIDENCE REVIEWED BY <i>June Turnbull</i>	DATE FILED <i>1-17-85</i>

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