

**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	<b>REGISTRANT'S FULL NAME AT BIRTH</b>			<b>STATE FILE OR BIRTH NUMBER</b>			
	Lillian Beatrice Flowers			139-22-000578			
	Month	Day	Year	City or Town	County	State	
	BIRTH DATE Jan.	12	1922	BIRTH PLACE Chas.	Chas.	S. C.	
<b>ITEMS TO BE AMENDED OR CORRECTED</b>	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Given name		Omitted		Lillian Beatrice Flowers		
<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Lillian B. Hrock</i>					RELATIONSHIP Self	
<b>NOTARY (AFFIX SEAL)</b>	SUBSCRIBED AND SWORN TO BEFORE ME ON Oct. 31 19 79			SIGNATURE OF NOTARY <i>Frances B. Holcombe</i>		NOTARY COMMISSION EXPIRES NOTARY PUBLIC FOR SOUTH CAROLINA My Commission expires June 11, 1989 19	
<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)					RELATIONSHIP	
<b>NOTARY (AFFIX SEAL)</b>	SUBSCRIBED AND SWORN TO BEFORE ME ON 19			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES 19	
<b>DO NOT WRITE BELOW THIS LINE</b>							
<b>ABSTRACT of Supporting Evidence (for health dept. use)</b>	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)					DATE ORIGINAL DOCUMENT WAS MADE	
	1	Son's Birth Cert.-CCHD-Chas., S.C. #139-43-046517					12-6-43
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	Lillian Beatrice Flowers age:21					
	2						
3							
<b>DHEC No. 613</b>	ADDITIONAL INFORMATION						
Rev. 2/75	DOF: 2-8-22 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 L. Owens</i>		EVIDENCE REVIEWED BY <i>Frances B. Holcombe</i>	
1753						DATE FILED 11-9-79	