

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		
	Lillian Beatrice Flowers				139-22-000578		
ITEMS TO BE AMENDED OR CORRECTED	Month	Day	Year	City or Town	County	State	
	BIRTH DATE	Jan.	12	1922	Chas.	Chas.	S. C.
	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given name			Omitted		Lillian Beatrice Flowers	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)				RELATIONSHIP		
	<i>Lillian B. Brock</i>				Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		
	Oct. 31 19 79		<i>Frances B. Holcomb</i>		NOTARY PUBLIC FOR SOUTH CAROLINA My Commission expires June 21, 1989 19		
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.-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			
DHEC No. 613 Rev. 2/75	ADDITIONAL INFORMATION		
	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		EVIDENCE REVIEWED BY
	<i>Ann S. Owens</i>		<i>Frances B. Holcomb</i>
			DATE FILED
			11-9-79

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