

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 Novel Powell			STATE FILE OR BIRTH NUMBER 139 16 081643		
	BIRTH DATE	Month October Day 18, Year 1916	BIRTH PLACE	City or Town Florence	County Florence	State S. C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	given name		omitted		Novel	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>X Novel Powell</i>				RELATIONSHIP	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>February 12 1976</i>		SIGNATURE OF NOTARY <i>Dorinda South</i>		NOTARY COMMISSION EXPIRES My Commission Expires December 21, 1979	
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	Marriage License, Florence County, S. C.				10-6-1937
	2					
	3					
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
1	Novel Powell					
2						
3						
ADDITIONAL INFORMATION						
DHEC No. 613 Rev. 11/73						
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>Doris M. Byars</i> EB		EVIDENCE REVIEWED BY <i>Winifred Holliday</i>		DATE FILED <i>2-12-76</i>