

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Page 2 of 2

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|---|--|---------------------|------------------|---------------------|--|---------------------|
| Enter Correct Information Concerning Person Whose Birth Record is Being Amended | REGISTRANT'S FULL NAME AT BIRTH FLORA LORENE TAYLOR | | | | STATE FILE OR BIRTH NUMBER 139-22-051057 | |
| | BIRTH DATE | Month MAR | Day 06 | Year 1922 | CITY OR TOWN GREENVILLE | COUNTY SC |
| ITEMS TO BE AMENDED OR CORRECTED | ITEM OMITTED OR IN ERROR | | | | BIRTH CERTIFICATE SHOWS | |
| | Child's date of birth | | | | Mar 06 1924 (year not clear) | |
| | Child's given name | | | | FLORA LORENE TAYLOR | |
| AFFIDAVIT | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Flora L. Blackwell</i> | | | | RELATIONSHIP SELF | |
| NOTARY (AFFIX SEAL) | SUBSCRIBED AND SWORN TO BEFORE ME ON MAR 19 1984 | | | | SIGNATURE OF NOTARY <i>Donald J. Jones</i> NOTARY COMMISSION EXPIRES JAN 04 1987 | |
| 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 | Application for Social Security Number 250-18-1317, Baltimore, MD | Sep 23 1938 |
| 2 | Same as #1 | |
| 3 | | |
| INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE | | |
| 1 | DOB: MAR 06 1922, FLORA LORENE TAYLOR | |
| 2 | FLORA LORENE TAYLOR DOB: Mar 06 1922 | |
| 3 | | |

DHEC No. 613

Rev. 2/75

| | | | | |
|--|--|---------------------------|------------------------|----------------|
| ADDITIONAL INFORMATION | | ASSISTANT STATE REGISTRAR | EVIDENCE REVIEWED BY | DATE FILED |
| I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic. | | <i>Ann M. Owens</i> | <i>Donald J. Jones</i> | 3-22-84 |

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