

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 Alonzo Wilson			STATE FILE OR BIRTH NUMBER 139-16 076406		
	BIRTH DATE	Month September	Day 29,	Year 1916	City or Town Chesterfield	County S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Name in error			Lawrence Wilson		Alonzo Wilson
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Alonzo Wilson</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON January 29,		19 76	SIGNATURE OF NOTARY <i>Lena R. Brooks</i>		NOTARY COMMISSION EXPIRES April 14, 19 82
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	Ins. Record-United Ins.Co. of America # HS 13118217 filed in Chicago, Ill.				11/5/62
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
1	ALONZO WILSON					
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>Davis M. Bryan</i> EVIDENCE REVIEWED BY <i>Lena R. Brooks</i> DATE FILED <i>2-6-76</i>			