

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	REGISTRANT'S FULL NAME AT BIRTH Ralph Eugene Way				STATE FILE OR BIRTH NUMBER 139-22-001070	
	BIRTH DATE	Month Jan	Day 15	Year 1922	BIRTH PLACE Dorchester	County SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given name of child		Omitted		Ralph Eugene Way	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Ralph Eugene Way</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Lois P. Barker</i>		SIGNATURE OF NOTARY <i>Lois P. Barker</i>		NOTARY PUBLIC, BIRMINGHAM, Georgia My Commission Expires March 22, 1993 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	Social Security Appl. #249-28-2523	Baltimore, MD
2		Jan xx 1941
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	NAME: Ralph Eugene Way DOB: 01-15-1922	
2		
3		

DHEC No. 613

Rev. 2/75

ADITIONAL INFORMATION

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

Ann L. Owens Jr

EVIDENCE REVIEWED BY

Janie E. Randolph

DATE FILED

Jan 30, 1990

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