

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 Ralph Eugene Way				STATE FILE OR BIRTH NUMBER 139-22-001070		
	BIRTH DATE	Month Jan	Day 15	Year 1922	BIRTH PLACE	City or Town 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. Decker January 4 1990</i>		SIGNATURE OF NOTARY		NOTARY PUBLIC, BALTIMORE, 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 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	Social Security Appl. #249-28-2523	Baltimore, MD Jan xx 1941
	2		
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	ADDITIONAL 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 <i>Ann L. Owen jr</i>	EVIDENCE REVIEWED BY <i>Janie E. Randolph</i>	DATE FILED Jan 30, 1990

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