

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	<b>REGISTRANT'S FULL NAME AT BIRTH</b> KATHLEEN WELLS			<b>STATE FILE OR BIRTH NUMBER</b> 139-22-002533				
	<b>BIRTH DATE</b>	<b>Month</b> January	<b>Day</b> 24	<b>Year</b> 1922	<b>BIRTH PLACE</b>	<b>City or Town</b> Spartanburg	<b>County</b> Spartanburg	<b>State</b> SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Given name of child			Cathleen		Kathleen Wells		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Kathleen W. Sanders</i>					RELATIONSHIP Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>3/20</i> 19 <i>87</i>			SIGNATURE OF NOTARY <i>Oliver E. Sanders</i>		NOTARY COMMISSION EXPIRES <i>1/9</i> 19 <i>88</i>		
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 application, #249-16-1872, Baltimore, Maryland					October 27, 1981	
	2							
	3							
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
	1	Kathleen Wells (Sanders) DOB: JANUARY 24, 1922						
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 E. O'Connell</i>		EVIDENCE REVIEWED BY <i>Blaine L. Walker</i>		DATE FILED 3-27-87	

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