

# 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 <b>Allie Bowman</b>				STATE FILE OR BIRTH NUMBER <b>139-16-086965</b>		
	BIRTH DATE	Month <b>Nov</b>	Day <b>2</b>	Year <b>1916</b>	BIRTH PLACE	City or Town <b>Orangeburg</b>	County <b>Orangeburg</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given Name			Idella		Allie	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Allie Bowman</i>				RELATIONSHIP <b>Self</b>		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>Aug. 6, 1976</b>		SIGNATURE OF NOTARY <i>Mary T. Strickland</i>		NOTARY COMMISSION EXPIRES <b>Notary Public, South Carolina State at Large</b> My Commission Expires March 5, 1984		
ABSTRACT of Supporting Evidence (for health dept. use)	<b>DO NOT WRITE BELOW THIS LINE</b>						
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)						DATE ORIGINAL DOCUMENT WAS MADE
	1	Own Marriage License #17,883,Orbg Probate Ct., Orangeburg, S.C.					5/7/37
	2						
	3						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
1	<b>Allie Bowman</b>						
2							
3							
DHEC No. 613 Rev. 11/73	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>Doris M. Bryan</i>			EVIDENCE REVIEWED BY <i>Cornelia Clayton</i>		DATE FILED <b>8-20-76</b>