

# 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	REGISTRANT'S FULL NAME AT BIRTH				STATE FILE OR BIRTH NUMBER	
	ISABELL SINGLETON				139-23-049072	
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month	Day	Year	City or Town	County
	Nov	Nov	29	1923	Jasper	SC
	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS	
	Child's Name				Isabell Singleton	
	Surname Clarification				Singleton/Singelton	
AFFIDAVIT	Date of Birth				Nov 29, 1923	
	Jan 1, 1924				RELATIONSHIP	
NOTARY (AFFIX SEAL)	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				SELF	
	SIGNATURE OF PARENT (OR OTHER)				NOTARY COMMISSION EXPIRES	
AFFIDAVIT	SUBSCRIBED AND SWORN TO BEFORE ME ON				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)				NOTARY COMMISSION EXPIRES	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON				NOTARY COMMISSION EXPIRES	
	SIGNATURE OF NOTARY				NOTARY COMMISSION EXPIRES	
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 #249-34-3394 Baltimore Md					Apr 28 1943
	2 None Required.					
	3 Same as Item #1					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
ADDITIONAL INFORMATION	1 Isabell Singleton DOB: Nov 29 1923					
	2 None required					
	3 Same as Item #1					
I certify that I have examined the documents referred to above, that they show no changes or pressures, and appear to be authentic.						

DHEC No. 618

Rev. 2/75

1688