

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			STATE FILE OR BIRTH NUMBER						
	Annie R. Owens			139-16-046617						
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month Jan.	Day 1,	Year 1916	BIRTH PLACE	City or Town Kershaw	County S.C.	State		
	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE			
	Name of child				Omitted		Annie R. Owens			
AFFIDAVIT		I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>x Annie Ruth Owens</i>				RELATIONSHIP Self				
NOTARY (AFFIX SEAL)		SUBSCRIBED AND SWORN TO BEFORE ME ON Aug. 16, 1976		SIGNATURE OF NOTARY <i>Bobbie Jean Stover</i>		NOTARY COMMISSION EXPIRES Nov. 18, 1980				
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 Pilot Life Insurance Policy #2732908, on file in Greensboro, N.C.					5/31/54			
		2								
		3								
		INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE								
		1 (Age 39 next birthday) Annie R. Owens								
		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>Louis M. Byars Jr</i>		EVIDENCE REVIEWED BY <i>Bobbie Jean Stover</i>		DATE FILED 8-20-76	