

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			
BIRTH DATE	Month Jan.	Day 1,	Year 1916	BIRTH PLACE	City or Town Kershaw	County Kershaw	State S.C.
ITEMS TO BE AMENDED OR CORRECTED	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		
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE						
	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							
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			EVIDENCE REVIEWED BY		DATE FILED		
<i>Louis M. Byars Jr</i>			<i>Bobbie Jean Stover</i>		8-20-76		

DHEC No. 613

Rev. 11/73