

F-2/1/22 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 Rosa Lee Bellinger				STATE FILE OR BIRTH NUMBER 139-22-002128		
	BIRTH DATE	Month Jan	Day 27	Year 1922	BIRTH PLACE	County Orangeburg	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Given Name		Anna R		Rosa Lee Bellinger		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Rosa Lee Bellinger</i>				RELATIONSHIP Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Jul. 17 1979</i>		SIGNATURE OF NOTARY <i>Corinne A. Clayton</i>		NOTARY COMMISSION EXPIRES <i>May 9 1988</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	Daughter's B/C #139-43-025296 Orangeburg SC					Jun 10 1943
	2						
	3						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
1	Rosa Lee Bellinger 21 yrs.old						
2							
3							
ADDITIONAL INFORMATION							
DHEC No. 613 Rev. 2/75 0933		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>acting</i> <i>Ann S. Owens</i>	EVIDENCE REVIEWED BY <i>Corinne A. Clayton</i>	DATE FILED <i>7-20-79</i>	