

F-2/1/22 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 Rosa Lee Bellinger				STATE FILE OR BIRTH NUMBER 139-22-002128		
	BIRTH DATE	Month Jan	Day 27	Year 1922	BIRTH PLACE	City or Town Orangeburg	County SC

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
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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>
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AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)	RELATIONSHIP
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NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON 19	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES 19
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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	

ABSTRACT of Supporting Evidence (for health dept. use)	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	
	1 Rosa Lee Bellinger	21 yrs. old
	2	

DHEC No. 613	ADDITIONAL INFORMATION
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Rev. 2/75	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>
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