

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 ANNIE LOIS BLANCHETT				STATE FILE OR BIRTH NUMBER 139-16-050887		
	BIRTH DATE	Month Mar	Day 29	Year 1916	BIRTH PLACE	County Abbeville	State S. C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given name				(Unnamed Female)		Annie Lois Blanchett
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Annie Lois B. Blanchett</i>				RELATIONSHIP Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>March 27</i>		19 <i>78</i>	SIGNATURE OF NOTARY <i>C. K. Reynolds</i>		NOTARY COMMISSION EXPIRES NOTARY PUBLIC FOR SOUTH CAROLINA <i>My Commission expires October 12, 1979</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	
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 #251-60-8714, Baltimore, Md.					Jan. 1956
	2						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	1	Annie Lois Blanchett, DOB: 3-29-1916					
	2						
	3						
DHEC No. 613 Rev. 2/75 <i>1712</i>	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>Donna M. Byars</i>		EVIDENCE REVIEWED BY <i>Nell Wickliffe</i>		DATE FILED <i>4-11-78</i>	