

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 | |
| | Myram Chavis | | | | 139-23-002013 | |
| | BIRTH DATE | Month Jan. | Day 14 | Year 1923 | BIRTH PLACE | County Orangeburg |
| | | | | | City or Town | State S.C. |
| ITEMS TO BE AMENDED OR CORRECTED | ITEM OMITTED OR IN ERROR | | | BIRTH CERTIFICATE SHOWS | | SHOULD BE |
| | Given Name | | | Missouri | | Myram |
| | | | | | | |
| | | | | | | |
| AFFIDAVIT | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Myra C. Bozard</i> | | | | RELATIONSHIP Self | |
| NOTARY (AFFIX SEAL) | SUBSCRIBED AND SWORN TO BEFORE ME ON May 4, 1976 | | | SIGNATURE OF NOTARY <i>Myra T. Strickland</i> | | NOTARY COMMISSION EXPIRES Notary Public, South Carolina State at Large My Commission Expires March 5, 1984 |
| 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 | Social Sec. Appl. #249-96-7566 Baltimore, MD | | | | Aug. 1967 |
| | 2 | | | | | |
| | 3 | | | | | |
| | INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE | | | | | |
| | 1 | Myram | | | | |
| | 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>Doris M. Bryan</i> | | EVIDENCE REVIEWED BY <i>Corinne A. Clayton</i> | |
| | | | | | DATE FILED 5-17-76 | |