


**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 <b>Gladys Webb</b>				STATE FILE OR BIRTH NUMBER <b>139-22003080</b>	
	BIRTH DATE	Month <b>Feb</b>	Day <b>24</b>	Year <b>1922</b>	CITY OR TOWN <b>Anderson</b>	COUNTY <b>Anderson</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's Given Name		Normal Webb		Gladys Webb	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Gladys Smith</i>				RELATIONSHIP <b>Self</b> ✓	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>October 26</i> 19 <i>77</i>		SIGNATURE OF NOTARY <i>Robert S. Melnick</i>		NOTARY COMMISSION EXPIRES <i>Sept. 2,</i> 19 <i>78</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				NOTARY COMMISSION EXPIRES 19	
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	Own Marriage License #18504-1955 Brooklyn, New York				3-30-66
	2					
	3					
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	Gladys Webb 2-24-22				
	2					
	3					
ADDITIONAL INFORMATION						
DHEC No. 613 Rev. 2/75  <i>0947</i>		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. Byars</i>	EVIDENCE REVIEWED BY <i>Susan Shinner Clark</i>	DATE FILED <i>11/17/77</i>