

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	
	Gladys Webb					139-22003080	
BIRTH DATE	Month	Day	Year	City or Town	County	State	
	Feb	24	1922	Anderson	Anderson	S C	
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:					RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER) <i>Gladys Smith</i>					Self <input checked="" type="checkbox"/>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		
	<i>October 26 1977</i>		<i>Robert S. Melnick</i>		<i>Sept. 2, 1978</i>		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:					RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)						
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		
	19				19		

OFFICIAL SEAL
 ROBERT S. MELNICK
 LOS ANGELES COUNTY
 My Commission Expires Sept. 2, 1978

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	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			

DHEC No. 613	ADDITIONAL INFORMATION		
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>Doris M. Syala sp</i>	EVIDENCE REVIEWED BY <i>Susan Shanne Clark</i>
<i>0947</i>			DATE FILED <i>11/17/77</i>