

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**  
**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL** Page 2 of 2

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	<b>REGISTRANT'S FULL NAME AT BIRTH</b>				<b>STATE FILE OR BIRTH NUMBER</b>	
	<b>Rauza Brown</b>				<b>139-22-002973</b>	
	BIRTH DATE	Month	Day	Year	BIRTH PLACE	County State
	Feb	28	1922	Anderson	S.C.	

  

<b>ITEMS TO BE AMENDED OR CORRECTED</b>	<b>ITEM OMITTED OR IN ERROR</b>	<b>BIRTH CERTIFICATE SHOWS</b>	<b>SHOULD BE</b>
	Child's name	Emmer Brown	Rauza Brown
	Date of birth	Feb 27 1922	Feb 28 1922

  

<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Rauza Moore</i>	RELATIONSHIP <u>self</u>
<b>NOTARY (AFFIX SEAL)</b>	SUBSCRIBED AND SWORN TO BEFORE ME ON this 11th day of April, 19 81 SIGNATURE OF NOTARY <i>Martha L. Rock</i>	NOTARY COMMISSION EXPIRES July 1, 19 82

  

<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) Same	RELATIONSHIP
<b>NOTARY (AFFIX SEAL)</b>	SUBSCRIBED AND SWORN TO BEFORE ME ON 19 SIGNATURE OF NOTARY <i>Martha L. Rock</i>	NOTARY COMMISSION EXPIRES July 1, 19 82

**DO NOT WRITE BELOW THIS LINE**

<b>ABSTRACT of Supporting Evidence (for health dept. use)</b>	<b>NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)</b>		<b>DATE ORIGINAL DOCUMENT WAS MADE</b>
	1	Social Security Appl. #247 38 9541 Baltimore, Md.	8-1961
	2	Social Security Appl. #247 38 9541 Baltimore, Md.	8-1961
	3		
	<b>INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE</b>		
	1	RAUZA BROWN (MOORE) DOB FEB. 28, 1922	
2	DOB FEB. 28, 1922		
3			

  

<b>DHEC No. 613</b>  Rev. 2/75  <i>0174</i>	<b>ADDITIONAL INFORMATION</b>  <table style="width:100%;"> <tr> <td style="width:33%; font-size: x-small;">I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.</td> <td style="width:33%; font-size: x-small;">ASSISTANT STATE REGISTRAR <i>Ann H. Owens</i></td> <td style="width:33%; font-size: x-small;">EVIDENCE REVIEWED BY <i>Susan L. Selig</i></td> </tr> <tr> <td colspan="2" style="font-size: x-small;">DATE FILED</td> <td style="text-align: center;"><i>4-23-81</i></td> </tr> </table>	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>Ann H. Owens</i>	EVIDENCE REVIEWED BY <i>Susan L. Selig</i>	DATE FILED		<i>4-23-81</i>
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DATE FILED		<i>4-23-81</i>					