

**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			STATE FILE OR BIRTH NUMBER		
	Norma Spires			139-22-001875		
	BIRTH DATE	Month Jan	Day 8	Year 1922	BIRTH PLACE	City or Town Lexington
					County Lexington	State SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given Name			Omitted		Norma Spires
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Norma S Bonds</i>					RELATIONSHIP Self
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Nov 28 19 83			SIGNATURE OF NOTARY <i>Jeannette Grayson</i>		NOTARY COMMISSION EXPIRES Sep 7 19 89
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 19

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	Driver's Records SCDL #0279049		Jan 8 1975
	2			
	3			
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
	1	Norma S Bonds Jan 8 1922		
	2			
	3			
DHEC No. 613 Rev. 2/75	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>Ann L. Oakes</i>	EVIDENCE REVIEWED BY <i>Jeannette Grayson</i>
<i>1512</i>				DATE FILED <i>11-28-83</i>