

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	
	Norma Spires				139-22-001875	
BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County State
	Jan	8	1922	Lexington	Lexington	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:				RELATIONSHIP	
NOTARY (AFFIX SEAL)	SIGNATURE OF PARENT (OR OTHER)		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	<i>Norma S Bonds</i> Nov 28 19 83		<i>Jeanette Grayson</i>		Self Sep 7 19 89	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
NOTARY (AFFIX SEAL)	SIGNATURE OF PARENT (OR OTHER)		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 Columbia SC				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						
ADDITIONAL INFORMATION						
DHEC No. 613 Rev. 2/75 <i>1512</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>Ann H. Oakes</i>	EVIDENCE REVIEWED BY <i>Jeanette Grayson</i>	DATE FILED <i>11-28-83</i>