

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

filed 1-31-22

F 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 ICELENE BECOAT				STATE FILE OR BIRTH NUMBER 139-22-001209	
	BIRTH DATE	Month Jan	Day 25	Year 1922	BIRTH PLACE	County Florence State S.C.

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Given name	Deler Becoat	Icelene Becoat

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Icelene B. Singleton</i>	RELATIONSHIP Self
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NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON June 9 19 80	SIGNATURE OF NOTARY <i>Alta G Lewis</i>	NOTARY COMMISSION EXPIRES October 15 19 89
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AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)	RELATIONSHIP
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NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 19	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES 19
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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 Voters registration Cert. #11884 Florence, S.C.	3-8-58
	2	

ABSTRACT of Supporting Evidence (for health dept. use)	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE
	1 Icelene B. (Singleton) date of birth Jan 25, 1922
	2

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 G Owens</i>	EVIDENCE REVIEWED BY <i>Alta G Lewis</i>	DATE FILED 6-11-80

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