

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

Page 2 of 2

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	
	Month Jan	Day 25	Year 1922	City or Town Florence	County S.C.	State
	BIRTH DATE			BIRTH PLACE		
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	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON June 9 19 80		SIGNATURE OF NOTARY <i>Alta H. Lewis</i>		NOTARY COMMISSION EXPIRES October 15 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	Voters registration Cert. #11884 Florence, S.C.	3-8-58
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Icelene B. (Singleton) date of birth Jan 25, 1922	
2		
3		

DHEC No. 613

Rev. 2/75

ADDITIONAL INFORMATION		ASSISTANT STATE REGISTRAR <i>Ann G. Owens</i>	EVIDENCE REVIEWED BY <i>Alta H. Lewis</i>	DATE FILED 6-11-80
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.				

1523