

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

Page 2 of 2

DOF 2-7-22

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	
	Pauline Elvington				139-22-003949	
	Month	Day	Year	City or Town	County	State
	BIRTH DATE	Feb.	5	1922	Dillon	S. C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Sex			Male		Female
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER) <i>Pauline E. Smith</i>				<i>Self</i>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Aug. 26 1983</i>				SIGNATURE OF NOTARY <i>Delores H. Sherman</i>	
					NOTARY COMMISSION EXPIRES <i>8-10 1983</i>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)					
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON				SIGNATURE OF NOTARY	
	19				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	Lake View School Record, Lake View, S. C.	1936-37
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Pauline Elvington DOB 2-5-22 Sex Girl	
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

Ann L. Dubois / ERW

EVIDENCE REVIEWED BY

Delores Sherman

DATE FILED

8-30-83

0686