

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
	Izola Gray		139-22-003082
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month Day Year	CITY OR TOWN County State
	Feb.	01 1922	Anderson S.C.
	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS SHOULD BE
	Given name of child		Viola Izola Gray
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.		RELATIONSHIP
NOTARY (AFFIX SEAL)	SIGNATURE OF PARENT (OR OTHER)		NOTARY COMMISSION EXPIRES
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.		RELATIONSHIP
NOTARY (AFFIX SEAL)	SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE		
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)		DATE ORIGINAL DOCUMENT WAS MADE
	1 Child's Birth record, no # VR Raleigh NC		Oct 13 1950
	2		
	3		
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1 Izola Gray age 28 yrs		
	2		
	3		
	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.		REGISTRAR	DATE FILED
719		4-21-98	