

Affidavit of Correction to Birth Record			
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL			Page 2 of 2
Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH Izola Gray		STATE FILE OR BIRTH NUMBER 139-22-003082
	BIRTH DATE Month Day Year Feb. 01 1922	BIRTH PLACE City or Town Anderson	County State Anderson S.C.
ITEMS TO BE AMENDED OR CORRECTED	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. SIGNATURE OF PARENT (OR OTHER) Izola A. Please Gray		RELATIONSHIP Self
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Izola Please Gray	SIGNATURE OF NOTARY <i>[Signature]</i>	NOTARY COMMISSION EXPIRES 4.16.2001
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	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			
719	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.		DATE FILED 4-21-98
	REGISTRAR <i>[Signature]</i>	EVIDENCE REVIEWED BY <i>[Signature]</i>	