

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**

**D.O.F. 1-22-22**

**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 <b>Iona Violet Barnhill</b>		STATE FILE OR BIRTH NUMBER <b>139-22 001617</b>	
	Month <b>January</b>	Day <b>9</b>	Year <b>1922</b>	BIRTH PLACE <b>Horry</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS SHOULD BE	
	Child's given name		Iona Violet Barnhill	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Iona Violet Barnhill Alford</i>		RELATIONSHIP <b>Self</b>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>May 4</i> 19 <i>83</i>	SIGNATURE OF NOTARY <i>Ladine Tucker</i>		NOTARY COMMISSION EXPIRES <i>Sept 7</i> 19 <i>89</i>
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	<b>Social Security Appl. # 248-56-3199 Baltimore MD</b>	<b>Jan 1953</b>
	2		
DHEC No. 613 Rev. 2/75	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1	<b>Iona Violet(Alford) dob 1-9-22</b>	
	2		
0895	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 L. Owens</i>	EVIDENCE REVIEWED BY <i>Melissa B. Baldwin</i>