

# AFFIDAVIT OF CORRECTION TO BIRTH RECORD

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Vol. 84

Enter Correct Information Concerning Person Whose Birth Record Is Being Amended	REGISTRANT'S FULL NAME AT BIRTH <b>Lewis Clayton Glenn</b>			STATE FILE OR BIRTH NUMBER <b>139-16-045266</b>		
	BIRTH DATE	Month <b>January</b>	Day <b>2,</b>	Year <b>1916</b>	BIRTH PLACE <b>Anderson</b>	County <b>S.C.</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Child's given name			Unnamed		Lewis Clayton
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Lewis C. Glenn</i>				RELATIONSHIP <b>self</b>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Sept 22,</i>		19 <i>75</i>	SIGNATURE OF NOTARY <i>Annie Gricks</i>		NOTARY COMMISSION EXPIRES <i>November 7,</i> 19 <i>79</i>
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	own census appli. #bjn 2-048-217 filed in Pittsburgh, Kansas				1-1-20
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	<b>Lewis Clayton</b>				
	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.		ASSISTANT STATE REGISTRAR <i>Doris M. Byars</i> <b>EB</b>		EVIDENCE REVIEWED BY <i>Earl Blackley</i>	DATE FILED <i>12-19-75</i>	

DHEC No. 613

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