

# AFFIDAVIT OF CORRECTION TO BIRTH RECORD

Vol. 84

## 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 Lewis Clayton Glenn			STATE FILE OR BIRTH NUMBER 139-16-045266					
	BIRTH DATE	Month January	Day 2,	Year 1916	BIRTH PLACE	City or Town Anderson	County Anderson	State S.C.	
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 self			
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Sept 22, 1975</i>			SIGNATURE OF NOTARY <i>Angie Fricks</i>		NOTARY COMMISSION EXPIRES <i>November 7, 1979</i>			
<b>DO NOT WRITE BELOW THIS LINE</b>									
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	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	Lewis Clayton								
2									
3									
DHEC No. 613 Rev. 11/73	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>			EVIDENCE REVIEWED BY <i>Earl Blackley</i>		DATE FILED <i>12-19-75</i>		

*EB*