

**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 DOROTHY ALLEEN IRICK						STATE FILE OR BIRTH NUMBER 139-22-005321	
	BIRTH DATE	Month January	Day 05	Year 1922	BIRTH PLACE	City or Town Orangeburg	County SC	State
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Full name of child				Omitted		Dorothy Alleen Irick	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Dorothy Pedrick</i>						RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON April 22 19 91				SIGNATURE OF NOTARY <i>Claudia A. Moose</i>		NOTARY COMMISSION EXPIRES June 16 19 99	
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	Florence School District #1 student record, Florence, SC	1927-28
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Dorothy Alleen Irick; DOB: January 05 1922	
2		
3		

DHEC No. 613

Rev. 2/75

AUDITIONAL 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 B. Owens</i>	EVIDENCE REVIEWED BY <i>Claudia A. Moose</i>	DATE FILED 4-22-91
---	--	---	-----------------------

1959