

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 ANSEL LUTHER MOORE				STATE FILE OR BIRTH NUMBER 139-22-006195	
	BIRTH DATE	Month March	Day 18	Year 1922	BIRTH PLACE Abbeville	County S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's name		Unnamed Moore		Ansel Luther Moore	
	Date of birth		March 17 1922		March 18 1922	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Ansel Luther Moore</i>				RELATIONSHIP <u>self</u>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>June 20 1980</i>		SIGNATURE OF NOTARY <i>Brenda S. Roberts</i>		NOTARY COMMISSION EXPIRES My Commission Expires August 29, 1984	
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	Social Security Application #249-28-5102 Baltimore, Md				Jan. 1941
	2	Same as Item #1				
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
1	Ansel Luther Moore dob: 3-18-22					
2	DOB: March 18, 1922					
3						
DHEC No. 613	ADDITIONAL INFORMATION					
Rev. 2/75	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>Anne G. Owens</i>		EVIDENCE REVIEWED BY <i>Lynna B. Thomas</i>	DATE FILED <i>8-26-80</i>

0346