

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
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 Mattie Hopkins				STATE FILE OR BIRTH NUMBER 139-22-000408		
	BIRTH DATE	Month January	Day 1	Year 1922	BIRTH PLACE	City or Town St. Matthews	County Calhoun
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS			SHOULD BE	
	given name		Rebecca			Mattie	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Hattie Hopkins</i>					RELATIONSHIP mother	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Sept. 28 19 76		SIGNATURE OF NOTARY <i>Jesse Kammer</i>		NOTARY COMMISSION EXPIRES Nov. 5 19 79		
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	Life of Georgia Ins. Pol. No. A 43018775, Atlanta Ga.				9 1 52	
	2						
	3						
DHEC No. 613 Rev. 2/75	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	Mattie					
	2						
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>Jesse Kammer</i>		DATE FILED 10-8-76	