

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

File date: 1/26/22

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH			STATE FILE OR BIRTH NUMBER		
	SARAH RUTH WHELCHER			139-22-000682		
	Month	Day	Year	City or Town	County	State
	BIRTH DATE	Jan 16 1922		BIRTH PLACE	Cherokee Co., SC	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Child's name			Sarath Ruth		SARAH RUTH WHELCHER
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Sarah Ruth Horn</i>				RELATIONSHIP Same	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Sep 29 1976		19	SIGNATURE OF NOTARY <i>Virginia P. Mahery</i>		
					NOTARY COMMISSION EXPIRES Jan 17 1983	

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 Public Savin gs Life Ins. Co. Pol.#1494196,Charleston, SC	6/8/59
2	
3	

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

1	SARAH RUTH (HORN)
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>Virginia P Mahery</i>	DATE FILED 10-6-76