

**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			STATE FILE OR BIRTH NUMBER		
	Eloise Cope			16-084708		
	BIRTH DATE	Month Day Year	BIRTH PLACE	City or Town	County State	
		November 24, 1916		Charleston	Charleston, S.C.	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	given name		omitted		Eloise	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>x Eloise Smith</i>				RELATIONSHIP Registrant	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Aug 27</i> 19 <i>76</i>		SIGNATURE OF NOTARY <i>Dorothy B. Pearlstine</i>		NOTARY COMMISSION EXPIRES <i>DOROTHY B. PEARLSTINE</i> NOTARY PUBLIC FOR SOUTH CAROLINA <del>My Commission expires August 31, 1980</del>	
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	
<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	Daughter's birth certificate #139-47-027047, Charleston				7-26-47
	2					
	3					
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	Eloise age at child's birth: 30				
	2					
	3					
ADDITIONAL INFORMATION						
DHEC No. 613 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>David M. Byars</i>	EVIDENCE REVIEWED BY <i>Judith Breece</i>	DATE FILED 9-3-76