

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 Eloise Cope			STATE FILE OR BIRTH NUMBER 16-084708			
	BIRTH DATE Month Day Year November 24, 1916	BIRTH PLACE City or Town Charleston	County Charleston, S.C.	State			
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 <i>My Commission expires August 31, 1980</i>		
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	Daughter's birth certificate #139-47-027047, Charleston					7-26-47
	2						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	1	Eloise age at child's birth: 30					
	2						
	3						
DHEC No. 613 Rev. 2/75							
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>Navis M. Byars</i>		EVIDENCE REVIEWED BY <i>Judith Breece</i>		DATE FILED 9-3-76	