

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			
	Katie Brown			139-16-084601			
	Month	Day	Year	City or Town	County	State	
	BIRTH DATE	November 17, 1916		BIRTH PLACE	Calhoun	S.C.	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's given name			Katy		Katie Brown	
	Date of birth			Nov. 18, 1916		Nov. 17, 1916	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>X Katie Haynes</i>				RELATIONSHIP self		
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>May 28 1976</i>			SIGNATURE OF NOTARY <i>Doris M. Taylor</i>		NOTARY COMMISSION EXPIRES <i>May 12 1986</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	Motor Vehicle Operators Permit #2231176, Dist of Columbia					3-31-67
	2	Motor Vehicle Operators Permit #2231176, Dist of Columbia					3-31-67
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	KATIE					
	2	NOVEMBER 17					
	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>Doris M. Byars</i>		EVIDENCE REVIEWED BY <i>Earl Bleakley</i>	
				DATE FILED <i>5-28-76</i>			