

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			
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month	Day	Year	BIRTH PLACE	County	State
	November	17,	1916		Calhoun	S.C.	
	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS			SHOULD BE		
	Child's given name			Katie Brown			
	Date of birth			Nov. 18, 1916			
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)					RELATIONSHIP	
	<i>X Katie Haynes</i>					self	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	<i>May 28 1976</i>			<i>Doris M. Taylor</i>		<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			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	19					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	ASSISTANT STATE REGISTRAR	EVIDENCE REVIEWED BY	DATE FILED
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.	<i>Doris M. Byawes</i>	<i>Earl Bleakley</i>	<i>5-28-76</i>