

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	
	Florence Epps			139-16-067098	
	BIRTH DATE	Month July 30, 1916	Day 30	Year 1916	BIRTH PLACE Anderson S.C.
				City or Town Anderson	County S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE
	Child's name		unnamed		Florence Epps
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Florence Epps Henderson</i>				RELATIONSHIP self
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Greenville S.C. 11-15-1975</i>		SIGNATURE OF NOTARY <i>Thomas E. Henderson</i>		NOTARY COMMISSION EXPIRES <i>11-27 1979</i>
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE				
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)				DATE ORIGINAL DOCUMENT WAS MADE
	1 <i>own Liberty Life Ins. policy, Greenville, S.C.</i>				7-26-37
	2				
	3				
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE				
1 FLORENCE EPPS					
2					
3					
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>Dois M. Byars</i>		EVIDENCE REVIEWED BY <i>Earl Blackley</i>		DATE FILED <i>11-19-75</i>	

DHEC No. 613
Rev. 11/73