

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	Day	Year	BIRTH PLACE	City or Town	County	State
July 30, 1916	July	30	1916	Anderson	Anderson	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:					RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER) <i>Florence Epps Henderson</i>					self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	<i>Greenville S.C. 11-15-1975</i>			<i>Thomas E Henderson</i>		<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 own Liberty Life Ins. policy, Greenville, S.C.						7-26-37
	2						
3							
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
1	FLORENCE EPPS						
2							
3							
DHEC No. 613							
Rev. 11/73							
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		EVIDENCE REVIEWED BY		DATE FILED
			<i>Dois M. Byars</i>		<i>Earl Bleakley</i>		<i>11-19-75</i>

EB