

AFFIDAVIT OF CORRECTION TO BIRTH RECORD Black/Male/File date: 5/3/16
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 2 of 2

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH SYLVESTER TATE			STATE FILE OR BIRTH NUMBER 139-16-055088	
	Month	Day	Year	City or Town	County State
BIRTH DATE	April 2		1916	Cherokee Co., SC	

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Given name	Claud D. Tate	SYLVESTER TATE

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Sylvester Tate</i>	RELATIONSHIP Same
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NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Feb 23 1978 19	SIGNATURE OF NOTARY <i>Virginia P. Mahary</i>	NOTARY COMMISSION EXPIRES Jan 17 1983 19
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AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)	RELATIONSHIP
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NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 19	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES 19
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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 Life of Georgia Ins. Pol. #70161518, Atlanta, GA	May 24 1948
	2	

ABSTRACT of Supporting Evidence (for health dept. use)	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE
	1 SYLVESTER TATE, Age next b'day: 33 yrs.
	2

DHEC No. 613
Rev. 2/75

ADDITIONAL INFORMATION		ASSISTANT STATE REGISTRAR <i>Doris M. Burgess</i>	EVIDENCE REVIEWED BY <i>Virginia P. Mahary</i>	DATE FILED 2/27/8
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.				

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