

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			STATE FILE OR BIRTH NUMBER		
	SYLVESTER TATE			139-16-055088		
	Month	Day	Year	City or Town	County	
	BIRTH DATE	April 2 1916		BIRTH PLACE	Cherokee Co., SC	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		
	Given name			Claud D. Tate		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER) <i>Sylvester Tate</i>				Same	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		
	Feb 23 1978 19			<i>Virginia P. Mahary</i>		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)				NOTARY COMMISSION EXPIRES	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		
	19			Jan 17 1983 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	Life of Georgia Ins. Pol. #70161518, Atlanta, GA				May 24 1948
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	SYLVESTER TATE, Age next b'day: 33 yrs.				
ADDITIONAL INFORMATION						
DHEC No. 613 Rev. 2/75 <i>0664</i>		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. Burgess</i> EVIDENCE REVIEWED BY <i>Virginia P. Mahary</i> DATE FILED <i>2/27/78</i>		