

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 THELMA MAE JACOBS				STATE FILE OR BIRTH NUMBER 139-23-010543			
	BIRTH DATE	Month April	Day 13,	Year 1923	BIRTH PLACE	City or Town Hemingway	County Georgetown	State S. C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Middle Name				May		Thelma Mae Jacobs	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Thelma mae Jacobs Shelly</i>					RELATIONSHIP Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>February 4, 1976</i>				SIGNATURE OF NOTARY <i>Sheri L. Van Vleet</i>		NOTARY COMMISSION EXPIRES <i>August 13, 1983</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	Child's Birth Cert. #139-43-038439, issued by Georgetown Co. Health						9/20/43
	2	Dept.						
	3							
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
1	Thelma Mae Jacobs							
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>Louis M. Byars</i> EB			EVIDENCE REVIEWED BY <i>Debra C. Wingate</i>		DATE FILED <i>2/19/76</i>

DHEC No. 613

Rev. 11/73