

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 Roberta Maude Heape				STATE FILE OR BIRTH NUMBER 139-16-090267		
	BIRTH DATE	Month Dec	Day 10	Year 1916	BIRTH PLACE Hampton	County S.C.	State
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Child's name		Unnamed Heape		Roberta Maude Heape		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Rudina Maude Bawner Heape Giles (mother)</i>				RELATIONSHIP <i>self</i>		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>OCT 21 1978</i>		SIGNATURE OF NOTARY <i>Larry J. Buchanan</i>		NOTARY COMMISSION EXPIRES <i>1983</i> (My Commission Expires May 1, 1982)		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Mrs. Roberta Maude Heape Rentz</i>				RELATIONSHIP <i>Registrant</i>		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>OCT 21 1978</i>		SIGNATURE OF NOTARY <i>Larry J. Buchanan</i>		NOTARY COMMISSION EXPIRES <i>1983</i> (My Commission Expires May 1, 1982)		

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	Social Security Appli. #249-80-8943 Baltimore, MD	9/ /63
2		
3		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

1	Roberta Maude (Rentz) - DOB 12/10/16
2	
3	

DHEC No. 613
Rev. 2/75

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. Bypass</i>	EVIDENCE REVIEWED BY <i>Michelle Al Shealy</i>	DATE FILED <i>10-25-78</i>
	0715		