

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**  
**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH <i>Lillie Mae Rabon</i>				STATE FILE OR BIRTH NUMBER 139-22-004700	
	BIRTH DATE	Month Feb	Day 12	Year 1922	BIRTH PLACE	County Kershaw State SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given name		Kate Irstein		Lillie Mae Rabon	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Lillie Mae White</i>				RELATIONSHIP SELF	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Dec 6 1983</i>		SIGNATURE OF NOTARY <i>Jannette Grayson</i>		NOTARY COMMISSION EXPIRES <i>My Commission Expires September 7, 1989</i>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)				RELATIONSHIP	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 19		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES 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	Daughter's Birth Record #139-41-008047 VR Columbia, SC	Apr 04 1941
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Lillie Mae Rabon Age-19	
2		
3		

DHEC No. 613

Rev. 2/75

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>Ann D. Owens KP</i>	EVIDENCE REVIEWED BY <i>Katherine M. Pearson</i>	DATE FILED <i>1A-6-83</i>

*1/59*