

Affidavit of Correction to Birth Record

1/30/23 F mck

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 Eunice Gilbert		STATE FILE OR BIRTH NUMBER 139-23-000282	
	BIRTH DATE	Month Day Year Jan 11 1923	BIRTH PLACE	City or Town County State Bamberg South Carolina
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS		SHOULD BE
	child's given name	Mabel		Eunice Gilbert
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. SIGNATURE OF PARENT (OR OTHER) <i>Eunice Carter</i>		RELATIONSHIP self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON October 28 1997	SIGNATURE OF NOTARY <i>Mallory E. Kelgan</i>	NOTARY COMMISSION EXPIRES 6/4/2001	
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	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES	
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	Social Security Application 251-42-8384 Baltimore MD		11/19/73
	2			
	3			
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE.			
	1	Eunice Gilbert (Carter) DOB 1/11/23		
	2			
3				
1139	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.	REGISTRAR <i>Janet Grayson</i>	EVIDENCE REVIEWED BY <i>Mallory E. Kelgan</i>	DATE FILED 11-19-97

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