

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 Catherine Mavourneen Kelly			STATE FILE OR BIRTH NUMBER 139 16 080078		
	BIRTH DATE	Month Day Year September 9, 1916	BIRTH PLACE	City or Town Anderson	County Anderson	State S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	name		Catherine Burgess		Catherine Mavourneen	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Catherine Mavourneen Kelly</i>			RELATIONSHIP Same		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON January 6, 19 76		SIGNATURE OF NOTARY <i>Frances Vickery</i>		NOTARY COMMISSION EXPIRES July 29, 19 79	
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 #249 20 8514, Baltimore, Md.				July 10, 1940	
2						
3						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
1	Catherine Mavourneen					
2						
3						
ADDITIONAL INFORMATION						
DHEC No. 613 Rev. 11/73						
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. Byars</i> EB		EVIDENCE REVIEWED BY <i>Frances Vickery</i> EB		DATE FILED 7-9-76