

**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			STATE FILE OR BIRTH NUMBER				
	<u>Dorothy Cohen</u>			<u>139-16-063364</u>				
	BIRTH DATE	Month <u>June</u>	Day <u>4,</u>	Year <u>1916</u>	BIRTH PLACE	City or Town <u>Charleston</u>	County <u>Charleston</u>	State <u>S.C.</u>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS			SHOULD BE	
	<u>given name<sup>e</sup></u>			<u>omitted</u>			<u>Dorothy</u>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <u>Dorothy Cohen</u>						RELATIONSHIP <u>self</u>	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <u>July 22 1976</u>			SIGNATURE OF NOTARY <u>Wilma P. Adams</u>		NOTARY COMMISSION EXPIRES <u>Feb. 16 1980</u>		
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		
	19					19		
<b>DO NOT WRITE BELOW THIS LINE</b>								
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	<u>Metropolitan Life Ins. Co. (appl. for policy) #24 119 882, N.Y.</u>						<u>7-17-59</u>
	2							
	3							
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE								
1	<u>Dorothy Cohen</u>							
2								
3								
ADDITIONAL INFORMATION								
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 <u>Louis M. Ryan</u>	EVIDENCE REVIEWED BY <u>Garden E. Maywood</u>	DATE FILED <u>7-30-76</u>		