

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 Rosa Lee Jiles				STATE FILE OR BIRTH NUMBER 139-16-063183		
	BIRTH DATE	Month 5	Day 4	Year 16	BIRTH PLACE	City or Town Beaufort County	County Beaufort County
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given name				Albert Jiles		Rosa Lee Jiles
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>[Signature]</i>					RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON March 2		19 76	SIGNATURE OF NOTARY <i>[Signature]</i>		NOTARY COMMISSION EXPIRES 12-9-80	
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	Individuals Marriage License #4979, Beaufort County Courthouse,					7-9-33
	2	Beaufort, S. C.					
	3						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE:							
1	Rosa Lee Jiles						
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>[Signature]</i>		EVIDENCE REVIEWED BY <i>[Signature]</i>		DATE FILED 3-8-76