

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 Flossie Mae Genobles		STATE FILE OR BIRTH NUMBER 22-002546	
	Month Jan.	Day 24,	Year 1922	CITY OR TOWN Spartanburg, SC
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE		BIRTH PLACE	
	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS	
	name of child		unnamed	
			Flossie Mae Genobles	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF REGISTRANT <i>Flossie Mae Genobles</i>			RELATIONSHIP self
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>October 18 1978</i>		SIGNATURE OF NOTARY <i>Carol L Koon</i>	NOTARY COMMISSION EXPIRES <i>11-8-87</i> 19
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			RELATIONSHIP <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 19 <input checked="" type="checkbox"/>		SIGNATURE OF NOTARY <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	NOTARY COMMISSION EXPIRES <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 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	Stmt., Mt. Olive Baptist Church, Rt. 1, Cowpens, S.C.	Aug. 11, 1935
2	Stmt., Tuscarora Yarns, Inc., Clifton, S.C.	Aug. 21, 1973
3		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

1	Flossie Mae Genobles (Age 13 yrs)
2	Flossie Genobles (Jan. 24, 1922)
3	

DHEC No. 613

Rev. 2/75

0670

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>Dorism Bryan</i>	EVIDENCE REVIEWED BY <i>Barbara P. Price</i>	DATE FILED <i>10-24-78</i>
	VE Spartanburg, CHD		