

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	
	Flossie Mae Genobles		22-002546	
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month Day Year	CITY OR TOWN	COUNTY STATE
	Jan. 24, 1922		Spartanburg, SC	
	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS SHOULD BE	
	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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" 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		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

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.

ASSISTANT STATE REGISTRAR

Doris M. Ryan

EVIDENCE REVIEWED BY

Barbara A. Price

DATE FILED

10-24-78

VE Spartanburg CHD

0670