

# 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		
	SARA FRANCES SANDERS				16-085504		
	BIRTH DATE	Month November	Day 7,	Year 1916	BIRTH PLACE	City or Town White Oak	
					County Fairfield	State S. C.	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Child unnamed		unnamed female		Sara Frances Sanders		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Sara Frances Sanders (Mother)</i>					RELATIONSHIP <i>self</i>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>February 12 1976</i>		SIGNATURE OF NOTARY <i>Freddie L. Pledger</i>		NOTARY COMMISSION EXPIRES <i>3/11/80</i>		
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	Original Appl. for S. S. #249-12-8116					11-6-37
	2						
	3						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
	1	Sara Frances Sanders					
	2						
	3						
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			EVIDENCE REVIEWED BY		DATE FILED		
<i>Dois M. Byars LB</i>			<i>Margaret D Castle</i>		<i>2-13-76</i>		

DHEC No. 613

Rev. 11/73