

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH Kathryn Delores Baker			STATE FILE OR BIRTH NUMBER 139-16-052962			
	Month March	Day 8	Year 1916	CITY OR TOWN Lexington	COUNTY AND STATE S.C.		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Child's name		Catherine Delorise Baker		Kathryn Delores Baker		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Kathryn B. Leopard</i>			RELATIONSHIP self			
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON 5th February 1978		SIGNATURE OF NOTARY <i>Philip J. Dean</i>		NOTARY COMMISSION EXPIRES <i>My Commission expires August 7, 1982</i> 19		
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 19		SIGNATURE OF NOTARY 		NOTARY COMMISSION EXPIRES 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	Own Marr. Lic.; Aiken Co., S.C. no#					8-4-1940
	2						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
1	Kathryn Delores Baker age: 24 yrs.						
2							
3							
DHEC No. 613	ADDITIONAL INFORMATION						
Rev. 2/75 <i>0926</i>	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>Debris M. Byrum</i>		EVIDENCE REVIEWED BY <i>Mary Drake</i>		
					DATE FILED 3/7/78		