



Affidavit of Correction to Birth Record
Division of Vital Records

The birth certificate of ALETHIA GRANT

Date 06/15/2012

is not the same in every respect as requested by you.

The affidavit below is sufficient for some minor corrections; however, other corrections must be supported by submission of documentary evidence. See the enclosed instructions for corrections that require documentary evidence or the signatures of both parents.

1. Complete only the upper half of the affidavit.
2. Use black typewriter ribbon or print using black or blue-black ink.
3. Affidavit must be signed in the presence of a notary public or other officer having official seal.
4. Signatures must be written, NOT printed.
5. Affidavit must be signed as outlined in enclosed instructions.
6. Affidavit is not acceptable if erasures or alterations are made.

Affidavit of Correction to Birth Record SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 2 of 2			
Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH ALETHIA GRANT		STATE FILE OR BIRTH NUMBER 139-23-000369
	BIRTH DATE Month: January Day: 14 Year: 1923	BIRTH PLACE City or Town: Berkeley County: Berkeley State: SC	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	GIVEN NAME OF CHILD	RENA	ALETHIA GRANT
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. SIGNATURE OF PARENT (OR OTHER) <i>Alethia D. Broughton</i>		RELATIONSHIP SELF
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 06/15/2012	SIGNATURE OF NOTARY <i>Bonnie S. Mott</i>	NOTARY COMMISSION EXPIRES 02/14/2017
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	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES
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. Life of Georgia Ins. Policy #0091789994 Atlanta, GA		10/28/1994
	2.		
	3.		
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE.		
1. Alethia G.(Broughton) DOB: 01/14/1923			
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.			
REGISTRAR <i>Angela Moore</i>		EVIDENCE REVIEWED BY <i>Bonnie S. Mott</i>	DATE FILED 6-26-12