

AFFIDAVIT OF CORRECTION TO BIRTH RECORD White/Female/File date: 10-15-1983
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 CHRISTINE MARTHA SPENCER			STATE FILE OR BIRTH NUMBER 139-16-080723		
	Month Sep	Day 17	Year 1916	City or Town Cherokee Co., SC	County Cherokee Co., SC	State
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE		BIRTH PLACE		SHOULD BE	
	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given name		Martha Ora		CHRISTINE MARTHA SPENCER	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Christine M. Stanford</i>				RELATIONSHIP Same	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON Dec 04 1978 19		SIGNATURE OF NOTARY <i>Virginia P. Mabry</i>		NOTARY COMMISSION EXPIRES Jan 17 1983 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		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	19				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	Cherokee Co. Mem. Hosp. rec., #31904, Gaffney, SC			Sep 28 1973	
	2					
	3					
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
1	CHRISTINE MARTHA SPENCER, (STANFORD), DOB: 9/17/16					
2						
3						
ADDITIONAL INFORMATION						
DHEC No. 613 Rev. 2/75 1751		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>Doris M. Bryan</i>	EVIDENCE REVIEWED BY <i>Virginia P. Mabry</i>	DATE FILED 12-11-78