

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 ELLEN SMITH				STATE FILE OR BIRTH NUMBER 139-16-078126		
	BIRTH DATE	Month July	Day 3	Year 1916	BIRTH PLACE Mullins	County Marion	State SC

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Given Name	No Name Listed for Child	Ellen Smith

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) Ellen S. Slaughter	RELATIONSHIP SELF
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NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON April 7 19 78	SIGNATURE OF NOTARY Katey M. Peak	NOTARY COMMISSION EXPIRES March 10 19 82
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AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)	RELATIONSHIP
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NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 19	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES 19
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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 Southwestern Life Ins. Co. # 7466150 Dallas, Texas	Oct 8 1964
	2	

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	1 Ellen Smith Slaughter DOB July 3, 1916
	2
	3

DHEC No. 613	Rev. 2/75	0019	ADDITIONAL INFORMATION	ASSISTANT STATE REGISTRAR Debris M. Byrnes PB	EVIDENCE REVIEWED BY Katey M. Peak	DATE FILED 4-17-78
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.						