

**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				STATE FILE OR BIRTH NUMBER			
	<b>ELLEN SMITH</b>				<b>139-16-078126</b>			
	Month	Day	Year	City or Town	County	State		
BIRTH DATE	<b>July</b>	<b>3</b>	<b>1916</b>	BIRTH PLACE	<b>Mullins</b>	<b>Marion</b>	<b>SC</b>	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE	
	<b>Given Name</b>				<b>No Name Listed for Child</b>		<b>Ellen Smith</b>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <b>Ellen S. Slaughter</b>					RELATIONSHIP <b>SELF</b>		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>April 7</b> 19 <b>78</b>			SIGNATURE OF NOTARY <b>Katey m: peak</b>		NOTARY COMMISSION EXPIRES <b>March 10</b> 19 <b>82</b>		
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		
<b>DO NOT WRITE BELOW THIS LINE</b>								
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	<b>Southwestern Life Ins. Co. # 7466150 Dallas, Texas</b>						<b>Oct 8 1964</b>
	2							
	3							
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE								
	1	<b>Ellen Smith Slaughter DOB July 3, 1916</b>						
	2							
	3							
ADDITIONAL INFORMATION								
DHEC No. 613 Rev. 2/75 <b>0019</b>		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 <b>Doris M. Byrnes PB</b>		EVIDENCE REVIEWED BY <b>Katey m: peak</b>	
							DATE FILED <b>4-17-78</b>	