

# 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			STATE FILE OR BIRTH NUMBER				
	CHRISTINE MAMIE JONES			#139-16-052790				
	BIRTH DATE	Month Jan. 1	Day 1916	Year	BIRTH PLACE	City or Town Laurens	County .S.C.	State
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS			SHOULD BE	
	Name			Mary Jones			Christine Mamie	
	Date of birth			Jan. 6, 1916			Jan. 1, 1916	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Christine Mamie Jones</i>						RELATIONSHIP	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>January 20, 1976</i>			SIGNATURE OF NOTARY <i>M. S. Bledsoe</i>		NOTARY COMMISSION EXPIRES <i>May 31, 1978</i>		
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	Social Security Appli. #228-46-2846, Baltimore, Md.					5-10-53	
	2	Social Security Appli. #228-46-2846, Baltimore, Md.					5-10-53	
	3							
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE								
1	CHRISTINE MAMIE							
2	JAN. 1, 1916							
3								
DHEC No. 613 Rev. 11/73	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.		ASSISTANT STATE REGISTRAR <i>Doris M. Byars</i>			EVIDENCE REVIEWED BY <i>Earl Bleakley</i>		DATE FILED <i>4-5-76</i>	