

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 Ralph Austin Smith				STATE FILE OR BIRTH NUMBER 139-16-052357		
	BIRTH DATE	Month February	Day 10,	Year 1916	BIRTH PLACE	County Greenville	State SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Child's given name		Ralph		Ralph Austin Smith		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Ralph Austin Smith</i>				RELATIONSHIP self		
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>June 7</i>		SIGNATURE OF NOTARY <i>Tallye Hugh Shealy</i>		NOTARY COMMISSION EXPIRES <i>Dec 19</i> 19 <i>79</i>		
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 <i>June 7,</i>		SIGNATURE OF NOTARY <i>Tallye Hugh Shealy</i>		NOTARY COMMISSION EXPIRES <i>Dec 19</i> 19 <i>79</i>		
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	Liberty Life Ins. Policy #532,290, Greenville, S.C.					4-1-36
	2						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	RALPH AUSTIN					
	2						
DHEC No. 613 Rev. 2/75	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>6-18-76</i>	