

F02/18/22  
gch-12

**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 Jean Ethelyn Porter			STATE FILE OR BIRTH NUMBER 139-22-003181			
	BIRTH DATE	Month JAN.	Day 22	Year 1922	BIRTH PLACE	City or Town Barnwell	County SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Given Name of Child		Jean Ellalyn		Jean Ethelyn Porter		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. SIGNATURE OF PARENT (OR OTHER) <i>X Jean E Robinson</i>				RELATIONSHIP Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>January 24, 2002</i>		SIGNATURE OF NOTARY <i>Blair C. Hinnant</i>		NOTARY COMMISSION EXPIRES <i>October 05-2011</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		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		
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 Print-Out #247-48-6451, Baltimore, MD.					01/XX/1949
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE.						
	1	Jean Ethelvn Robinson Date of Birth: 01/22/1922					
	2						
	3						
	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.			REGISTRAR <i>M. [Signature]</i>		EVIDENCE REVIEWED BY <i>Blair C. Hinnant</i>		DATE FILED <i>2-6-02</i>

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