

Affidavit of Correction to Birth Record			
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL			Page 2 of 2
Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH BERTHENIA HAYES		STATE FILE OR BIRTH NUMBER 139-22-049393
	BIRTH DATE Month Day Year OCTOBER 22 1922	BIRTH PLACE City or Town RICHLAND	State SC
	ITEM OMITTED OR IN ERROR		SHOULD BE
ITEMS TO BE AMENDED OR CORRECTED	REGISTRANT'S GIVEN NAME	BERTHAINA	BERTHENIA HAYES
	REGISTRANT'S DATE OF BIRTH	OCTOBER 30 1922	OCTOBER 22 1922
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. SIGNATURE OF PARENT (OR OTHER) <i>Berthenia H. Jenkins</i>		RELATIONSHIP SELF
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>July 10, 2006</i>	SIGNATURE OF NOTARY <i>Kimberly Atkins</i>	NOTARY COMMISSION EXPIRES My Commission Expires May 18, 2008
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) 0187	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 JCPENNEY LIFE INSURANCE COMPANY POLICY, #72140C6222, PLANO TEXAS		OCTOBER 21 1996
	2 SAME AS # 1		
	3		
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1 BERTHENIA (JENKINS), DOB: 10-22-1922		
	2 DOB: 10-22-1922, BERTHENIA (JENKINS)		
	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>Peggy Atkins</i>	EVIDENCE REVIEWED BY <i>Peggy Atkins</i>
		DATE FILED 7-10-06	