

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		
	Month OCTOBER	Day 22	Year 1922	City or Town RICHLAND	
	BIRTH DATE	BIRTH PLACE	County RICHLAND		
	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS SHOULD BE		
ITEMS TO BE AMENDED OR CORRECTED	REGISTRANT'S GIVEN NAME		REGISTRANT'S DATE OF BIRTH		
	BERTHAINA		OCTOBER 30 1922		
	BERTHENIA HAYES		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 Elkins</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	
DO NOT WRITE BELOW THIS LINE					
ABSTRACT of Supporting Evidence (for health dept. use) <i>0187</i>	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)			DATE ORIGINAL DOCUMENT WAS MADE	
	1	JCPENNEY LIFE INSURANCE COMPANY POLICY, #72L40C6222, 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)			
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>Kimberly Elkins</i>	EVIDENCE REVIEWED BY <i>Kimberly Elkins</i>	DATE FILED 7-10-06	