



Affidavit of Correction to Birth Record  
Division of Vital Records

Date JANUARY 19 2012

The birth certificate of ROSETTA MCKNIGHT is not the same in every respect as requested by you.

The affidavit below is sufficient for some minor corrections; however, other corrections must be supported by submission of documentary evidence. See the enclosed instructions for corrections that require documentary evidence or the signatures of both parents.

1. Complete only the upper half of the affidavit.
2. Use black typewriter ribbon or print using black or blue-black ink.
3. Affidavit must be signed in the presence of a notary public or other officer having official seal.
4. Signatures must be written, NOT printed.
5. Affidavit must be signed as outlined in enclosed instructions.
6. Affidavit is not acceptable if erasures or alterations are made.

80-20110728-100775 PJG

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 <b>ROSETTA MCKNIGHT</b>		STATE FILE OR BIRTH NUMBER <b>139-22-000856</b>	
	BIRTH DATE Month Day Year <b>JANUARY 16 1922</b>	BIRTH PLACE City or Town County State <b>CLARENDON SC</b>		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS SHOULD BE	
	REGISTRANT'S NAME		ELLEN E ROSETTA MCKNIGHT	
	REGISTRANT'S DATE OF BIRTH		JANUARY 19 1922 JANUARY 16 1922	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. SIGNATURE OF PARENT (OR OTHER) <i>X Rosetta Madison</i>		RELATIONSHIP SELF	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>February 23 2012</i> SIGNATURE OF NOTARY <i>Voula Liadakis</i>		NOTARY COMMISSION EXPIRES <i>10-9-2015</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 GBMA STMT, (Greater Baltimore Medical Associates)BALTIMORE MARYLAND			DEC 22 2005
	2 SAME AS # 1			
	3			
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE.			
1 ROSETTA (MADISON), DOB: 01-16-1922				
2 DOB: 01-16-1922, ROSETTA (MADISON)				
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>Rp J. M. H.</i>		EVIDENCE REVIEWED BY <i>Rp J. M. H.</i>		
		DATE FILED <i>3/20/12</i>		