

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 EUNICE AMELIA KINARD			STATE FILE OR BIRTH NUMBER 139-16-074020		
	BIRTH DATE	Month Aug	Day 30	Year 1916	BIRTH PLACE Newberry Co., S.C.	County
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	child's given name		omitted		EUNICE AMELIA KINARD	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Eunice Shuford</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Mar 29 19 78		SIGNATURE OF NOTARY <i>Miriam S. Hoff</i>		NOTARY COMMISSION EXPIRES Jan 5 19 81	
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 19		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES 19	

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	Social Security Appl. #249-32-9601 filed in Baltimore, Md.	Sep 1942
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Eunice Amelia Shuford, DOB Aug 30 1916	
2		
3		

DHEC No. 613

Rev. 2/75

1653

ADDITIONAL INFORMATION		ASSISTANT STATE REGISTRAR <i>Norm Byars</i>	EVIDENCE REVIEWED BY <i>Miriam S. Hoff</i>	DATE FILED 4/10/78
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.				