

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

041224/F

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Entry Correct for Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH SARA RACHEL WHITE					STATE FILE OR BIRTH NUMBER 139-23-049107	
	BIRTH DATE	Month NOV	Day 27	Year 1923	BIRTH PLACE	City or Town GREENVILLE	County SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS			SHOULD BE	
	child's birthdate		'MAR 10 1924			NOV 27 1923	
	child's given name		SAM RACHEL			SARA RACHEL	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Sara R. Henderson</i>					RELATIONSHIP SELF	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Sep. 11 1985</i>		SIGNATURE OF NOTARY <i>Cynthia W. Henderson</i>			NOTARY COMMISSION EXPIRES <i>May 07 1995</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 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	Applic. for SS #249-20-6297 Balt. Maryland	APRIL 1940	
	2	Applic. for SS #249-20-6297 Balt. MARYLAND	APRIL 1940	
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
	1	SARA RACHEL WHITE: BD: NOV 27 1923		
	2	SARA RACHEL WHITE BD: NOV 27 1923		
	3			
DHEC No. 613 Rev. 2/75	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.	ASSISTANT STATE REGISTRAR <i>John L. Owens</i>	EVIDENCE REVIEWED BY <i>Cynthia Henderson</i>	DATE FILED <i>10-03-85</i>

SEP 23 1985
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