

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				STATE FILE OR BIRTH NUMBER	
	Clara Mamie Hodgens				139-16-073051	
	BIRTH DATE	Month Jul	Day 19	Year 1916	BIRTH PLACE	City or Town Greenville
					County Greenville	State S. C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	child's given name			Mamie Ethel		Clara Mamie
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Clara H. Kilby</i>				RELATIONSHIP self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Apr. 28 1976		SIGNATURE OF NOTARY <i>May Ann C. Malister</i>		NOTARY COMMISSION EXPIRES 19	
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	application social security #249-32-2854, Baltimore, Md.				12-19-55
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	Clara Mamie				
	2					
	3					
	ADDITIONAL INFORMATION					
DHEC No. 613 Rev. 11/73						
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>Louis M. Byars Jr</i>		EVIDENCE REVIEWED BY <i>May Ann C. Malister</i>		DATE FILED 5-7-76