

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		
	Vera Dodd			139 16 083148		
	BIRTH DATE	Month Oct 6	Day 1916	Year	BIRTH PLACE City or Town Pickens	County S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Surname			Dobb		Dodd
	Father's name			Chas. Dobb		Charlie Dodd
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Vera Dodd merck</i>				RELATIONSHIP self	
NOTARY (AFFIX SEAL)	SUSCRIBED AND SWORN TO BEFORE ME ON Apr 22 1976 19			SIGNATURE OF NOTARY <i>Edna S. Venable</i>		NOTARY COMMISSION EXPIRES Dec 12 1983 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	Sister's Birth Certificate #139 20 017603, Pickens Co., S.C.	5-31-20
	2		
	3		
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1	Surname - Dodd	
	2	Father's name - Charlie Dodd	
	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.		ASSISTANT STATE REGISTRAR <i>Dou M. Bryan</i> 73	EVIDENCE REVIEWED BY <i>Edna S. Venable</i> Deputy County Registrar
		DATE FILED 7-76	

DHEC No. 613

Rev. 11/73