

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 Dorothy Eudora Inabinett				STATE FILE OR BIRTH NUMBER 139-16-071736		
	BIRTH DATE	Month August	Day 22,	Year 1916	BIRTH PLACE Charleston	County Charleston	State S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE
	given name				omitted		Dorothy Eudora
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Dorothy Eudora Inabinett Knight</i>					RELATIONSHIP self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON March 25 1976				SIGNATURE OF NOTARY <i>Alice M. Kelly</i> NOTARY COMMISSION EXPIRES My commission expires SEPT. 26, 1976		
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	Birth Certificate of Son 139-37-071736, Charleston, S.C.					4-21-17
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
1	Dorothy Eudora Inabinett						
2							
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>Don. M. Bryan</i>		EVIDENCE REVIEWED BY <i>Garden B. Magwood</i>		DATE FILED 4-12-76	

At 11 Monticello, Va. 31064

DHEC No. 613
Rev. 11/73