

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 <i>Dorothy Eudora Inabinett</i>				STATE FILE OR BIRTH NUMBER <i>139-16-071736</i>			
	BIRTH DATE	Month <i>August</i>	Day <i>22,</i>	Year <i>1916</i>	BIRTH PLACE	City or Town <i>Charleston</i>	County <i>Charleston</i>	State <i>S.C.</i>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE	
	<i>given name</i>				<i>omitted</i>		<i>Dorothy Eudora</i>	
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 <i>self</i>		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>March 25 1976</i>				SIGNATURE OF NOTARY <i>Alice M. Kelly</i>		NOTARY COMMISSION EXPIRES <i>My commission expires SEPT. 26, 1976</i>	
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	<i>Birth Certificate of Son 139-37-071736, Charleston, S.C.</i>					<i>4-21-37</i>	
	2							
	3							
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE								
1	<i>Dorothy Eudora Inabinett</i>							
2								
3								
DHEC No. 613 Rev. 11/73								
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 #3</i>			EVIDENCE REVIEWED BY <i>Garden B. Magwood</i>		DATE FILED <i>4-12-76</i>
<i>Rt. 11 Monticello, Va. 31064</i>								