

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		
	Everlyn White				139-16-084441		
	BIRTH DATE	Month 11	Day 27	Year 16	BIRTH PLACE	State	
					Beaufort	S. C.	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given name			Rivana White		Everlyn White	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Everlyn White</i>				RELATIONSHIP Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Oct 14 1975</i>			SIGNATURE OF NOTARY <i>Ruth B. Dickinson</i>		NOTARY COMMISSION EXPIRES <i>12-9-1980</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	Copy of Original Social Security App't., Baltimore, Md.					11-18-49
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	Everlyn White					
	2						
	3						
	ADDITIONAL INFORMATION						
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic. </div> <div style="width: 30%;"> ASSISTANT STATE REGISTRAR <i>Doris M. Bryan</i> </div> <div style="width: 30%;"> EVIDENCE REVIEWED BY <i>R. Schmitz</i> </div> <div style="width: 10%;"> DATE FILED <i>10-20-75</i> </div> </div>							

DHEC No. 613

Rev. 11/73