

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**

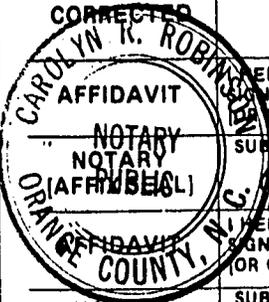
FD 2-14-1922

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Page 2 of 2

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH <b>Kathleen Elizabeth Christie</b>			STATE FILE OR BIRTH NUMBER <b>139-22-000756</b>		
	Month <b>Jan.</b>	Day <b>13,</b>	Year <b>1922</b>	BIRTH PLACE <b>Great Falls</b>	County <b>Chester</b>	State <b>S. C.</b>

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Given Name of Child	Omitted	Kathleen Elizabeth Christie



I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:		RELATIONSHIP
SIGNATURE OF PARENT (OR OTHER) <i>Kathleen Christie Clayton</i>	SIGNATURE OF NOTARY <i>Carol L. Robinson</i>	<b>Self</b>
SUBSCRIBED AND SWORN TO BEFORE ME ON <b>1-1-1983</b>		NOTARY COMMISSION EXPIRES <b>8-3-1985</b>
I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:		RELATIONSHIP
SIGNATURE OF PARENT (OR OTHER)	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES
SUBSCRIBED AND SWORN TO BEFORE ME ON 19		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	Son's Birth Cert. #Book 24, p. 293, Orange Co., N. C.	Feb. 4, 1942
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Kathleen Elizabeth Christie (Age 19) Son's B.D. 12-27-1941	
2		
3		

DHEC No. 613

Rev. 2/75

*0473*

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>Ann D. Owens</i>	EVIDENCE REVIEWED BY <i>Betty S. Young</i>	DATE FILED <b>11/8/83</b>
--	--	---	------------------------------