

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**  
**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 McCarter</b>				STATE FILE OR BIRTH NUMBER <b>139-16-084000</b>	
	Month	Day	Year	City or Town	County	State
	BIRTH DATE	<b>Oct</b>	<b>18</b>	<b>1916</b>	BIRTH PLACE <b>York</b>	<b>S.C.</b>
	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
ITEMS TO BE AMENDED OR CORRECTED	Child's name			Katheline McCarter		Kathleen McCarter
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Kathleen McCarter Robinson</i>				RELATIONSHIP <b>self</b>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>March 22</i> 19 <i>78</i>		SIGNATURE OF NOTARY <i>Jack H. Gutter</i>		NOTARY COMMISSION EXPIRES <i>January 18</i> 19 <i>81</i>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)				RELATIONSHIP	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 19		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES 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	<b>Social Security Application #243-14-0967 Baltimore MD</b>	<b>July 1938</b>
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	<b>Oct 18, 1916 Kathleen McCarter (Robinson)</b>	
2		
3		

**DHEC No. 613**

Rev. 2/75

*0947*

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>Doris M. Byrnes</i>	EVIDENCE REVIEWED BY <i>Bartha Brown</i>	DATE FILED <b>11-3-78</b>