

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**  
**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

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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	Oct	18	1916	York	S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	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. Guter</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		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
<b>DO NOT WRITE BELOW THIS LINE</b>						
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	Social Security Application #243-14-0967 Baltimore MD				July 1938
	2					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	Oct 18, 1916 Kathleen McCarter (Robinson)				
	2					
DHEC No. 613 Rev. 2/75 <i>0947</i>	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>David M. Byrnes</i>		EVIDENCE REVIEWED BY <i>Bertha Brown</i>		DATE FILED <i>11-3-78</i>