

# 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				Tommie Sarah Graham				STATE FILE OR BIRTH NUMBER		139-16-050872	
	BIRTH DATE	Month March	Day 18	Year 1916	BIRTH PLACE	City or Town Donalds	County Abbeville	State S. C.				
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS				SHOULD BE			
	First & middle names				Thomas Sarrah				Tommie Sarah			
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>X Tommie Sarah G. Kittles</i>								RELATIONSHIP Self			
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>December 8, 1975</i>				SIGNATURE OF NOTARY <i>James R. Kittles</i>				NOTARY COMMISSION EXPIRES <i>June 1, 1977</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	Social Security Appli. #249-01-6496, Baltimore, Md.										9-17-63
	2											
	3											
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE											
	1	TOMMIE SARAH										
	2											
	3											
	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				EVIDENCE REVIEWED BY				DATE FILED				
<i>Doris M. Byars</i>				<i>Earl Bleakley</i>				<i>3-25-76</i>				

DHEC No. 613

Rev. 11/73