

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 Sallie Kate Altman			STATE FILE OR BIRTH NUMBER 139-16-090871		
	BIRTH DATE	Month Dec	Day 28	Year 1916	CITY OR TOWN Marion	COUNTY Marion

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Given Name	Sallie Altman	Sallie Kate Altman

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Sallie A. Bailey</i>	RELATIONSHIP Self
-----------	---	-----------------------------

NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON March 20 1978	SIGNATURE OF NOTARY <i>W. C. ...</i>	NOTARY COMMISSION EXPIRES March 10 1982
---------------------	--	---	---

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	Own Marriage License Probate Judge Blanton no #	May 24 1951
	2		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	1	Sallie Kate Altman age 34 yrs & 5 Mos.
	2	
	3	

DHEC No. 613 Rev. 2/75 1465	ADDITIONAL INFORMATION	ASSISTANT STATE REGISTRAR <i>Doris M. Byars</i>	EVIDENCE REVIEWED BY <i>W. C. ...</i>	DATE FILED MAR 23 1978
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.				