

**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>Ethel Roberta Smith</b>				STATE FILE OR BIRTH NUMBER <b>139-22-006213</b>		
	BIRTH DATE	Month <b>Mar</b>	Day <b>25</b>	Year <b>1922</b>	BIRTH PLACE	City or Town <b>Abbeville</b>	County <b>Abbeville</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS			SHOULD BE	
	Child's given name		Omitted			Ethel Roberta Smith	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Ethel Roberta Smith (Ethel)</i>				RELATIONSHIP <b>Self</b>		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>January 24th</i> 19 <i>84</i>		SIGNATURE OF NOTARY <i>Edward F. Poole</i>		NOTARY COMMISSION EXPIRES <i>3/30/84</i> 19		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)				RELATIONSHIP <b>EDWARD F. POOLE</b> Notary Public, State of New York No. 31-4756452		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES Commission Expires March 30, 1984		

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 #130-18-1639 Baltimore Md</b>	<b>Nov 25 1942</b>
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	<b>Ethel Roberta Smith DOB: Mar 25 1922</b>	
2		
3		

DHEC No. 613  
Rev. 2/75

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

*Quincy J. Overton*

EVIDENCE REVIEWED BY

*Buckley*

DATE FILED

*1/31/84*

*1542*