

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 Ethel Roberta Smith				STATE FILE OR BIRTH NUMBER 139-22-006213	
	BIRTH DATE	Month Mar	Day 25	Year 1922	BIRTH PLACE	City or Town Abbeville
				County	State SC	

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)		RELATIONSHIP
	<i>Ethel Roberta Smith (Ethel)</i> 19 84		Self

NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES
	January 24th 19 84 <i>Edward F. Poole</i>	<i>Edward F. Poole</i>	3/30/84 19

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)		RELATIONSHIP
	19		EDWARD F. POOLE Notary Public, State of New York No. 31-4756452 Commission Expires March 30, 1984

NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES
	19	19	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	Social Security Application #130-18-1639 Baltimore Md	Nov 25 1942
	2		
	3		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	
1	Ethel Roberta Smith DOB: Mar 25 1922
2	
3	

DHEC No. 613 Rev. 2/75 1542	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>Quincy J. Owens</i>	EVIDENCE REVIEWED BY <i>Buckley</i>

DATE FILED	1/31/84
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