

# 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  |  |      | STATE FILE OR BIRTH NUMBER |                      |                           |                                 |        |  |
|  | Catherine Louise Barton  |  |      | 139-16-079935              |                      |                           |                                 |        |  |
| BIRTH DATE   | Month  | Day  | Year | BIRTH PLACE                | City or Town         | County                    | State                           |        |  |
|  | 0  | Ct.  | 24   |                            | 1916                 | Aiken                     | S.C.                            |        |  |
| ITEMS TO BE AMENDED OR CORRECTED   | ITEM OMITTED OR IN ERROR   |  |      | BIRTH CERTIFICATE SHOWS    |                      | SHOULD BE                 |                                 |        |  |
|  | Child's given name   |  |      | Katherine Louise           |                      | Catherine Louise          |                                 |        |  |
|  |  |  |      |                            |                      |                           |                                 |        |  |
|  |  |  |      |                            |                      |                           |                                 |        |  |
| AFFIDAVIT  | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: |  |      |                            |                      | RELATIONSHIP              |                                 |        |  |
| SIGNATURE OF PARENT (OR OTHER)   | <i>Catherine B. Sack</i>   |  |      |                            |                      | self                      |                                 |        |  |
| NOTARY (AFFIX SEAL)  | SUBSCRIBED AND SWORN TO BEFORE ME ON                                       |  |      | SIGNATURE OF NOTARY        |                      | NOTARY COMMISSION EXPIRES |                                 |        |  |
|  | 2-18 1976  |  |      | <i>Julia W. Davis</i>      |                      | 10-13 1985                |                                 |        |  |
| 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  | Life and Casualty Ins. Co. #15341750, Nashville, Tenn. |      |                            |                      |                           |                                 | 8-7-44 |  |
|  | 2  |  |      |                            |                      |                           |                                 |        |  |
|  | 3  |  |      |                            |                      |                           |                                 |        |  |
| INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE  |  |  |      |                            |                      |                           |                                 |        |  |
| 1  | CATHERINE LOUISE   |  |      |                            |                      |                           |                                 |        |  |
| 2  |  |  |      |                            |                      |                           |                                 |        |  |
| 3  |  |  |      |                            |                      |                           |                                 |        |  |
| DHEC No. 613<br>Rev. 11/73   | 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> |                           | 2-18-76                         |        |  |