

# 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			
	<b>Bertie Mae Thompson</b>		<b>16-046064</b>			
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month      Day      Year	BIRTH PLACE	City or Town	County	State
	<b>Jan. 23,</b>	<b>1916</b>	<b>Dorchester,</b>	<b>S. C.</b>		
	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	<b>Given name</b>		<b>Baby Thompson</b>		<b>Bertie Mae Thompson</b>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Bertie Mae Thompson Knight</i>				RELATIONSHIP	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Sept. 22 1975</i>		SIGNATURE OF NOTARY <i>Brenda Hinton</i>		NOTARY COMMISSION EXPIRES <i>July 6 1983</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 <b>Social Security Appl. # 249-46-2829, Baltimore, Md.</b>				<b>Oct. 25, 1948</b>	
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1 <b>Name: Bertie Mae Thompson</b>					
	2 <b>Date of birth: Jan. 23, 1916</b>					
	3					
DHEC No. 613 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 <i>Doris M. Bynas</i>		EVIDENCE REVIEWED BY <i>Brenda Hinton</i>	
					DATE FILED <i>7-9-76</i>	