

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

filed 12-1-16 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 ANNA BELLE RHODES | | | | STATE FILE OR BIRTH NUMBER 139-16-085651 | | |
| | Month Nov | Day 15 | Year 1916 | BIRTH PLACE Florence | City or Town Florence | County Florence | State S. C. |
| ITEMS TO BE AMENDED OR CORRECTED | ITEM OMITTED OR IN ERROR | | BIRTH CERTIFICATE SHOWS | | SHOULD BE | | |
| | Child's name | | Unnamed | | Anna Belle Rhodes | | |
| | Date of birth | | Nov. 17, 1916 | | Nov. 15, 1916 | | |
| | | | | | | | |
| AFFIDAVIT | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Anna Belle Corbett</i> | | | | RELATIONSHIP Self | | |
| NOTARY (AFFIX SEAL) | SUBSCRIBED AND SWORN TO BEFORE ME ON October 3 1978 | | SIGNATURE OF NOTARY <i>Kae C. Moore</i> | | NOTARY COMMISSION EXPIRES January 20 1987 | | |
| 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 | Southeastern Life Ins. Pol. #67605, Greenville, M. C. | Oct. 1, 1937 |
| 2 | Same as above | |
| 3 | | |
| INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE | | |
| 1 | Anna Belle Rhodes Corbett, date of birth Nov. 15, 1916 | |
| 2 | Anna Belle Rhodes Corbett, date of birth Nov. 15, 1916 | |
| 3 | | |

DHEC No. 613

Rev. 2/75

0215

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| 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. Byars BF</i> | EVIDENCE REVIEWED BY <i>Kae C. Moore</i> | DATE FILED 10-5-78 |