

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 <i>Ulice Jacobs</i>		STATE FILE OR BIRTH NUMBER <i>139-22-001984</i>	
	BIRTH DATE Month <i>January</i> Day <i>22</i> , Year <i>1922</i>	BIRTH PLACE <i>Marlboro</i>	City or Town <i>Marlboro</i>	County <i>South</i>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS	
	<i>Given name</i>		<i>None</i>	
			<i>Ulice Jacobs</i>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Ulice Jacobs</i> ^{Thia} _{mark}			RELATIONSHIP
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>December 15,</i> 1976		SIGNATURE OF NOTARY <i>Clarence Calhoun</i>	NOTARY COMMISSION EXPIRES
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 <i>Dec. 21</i> 1976		SIGNATURE OF NOTARY <i>Clarence Calhoun</i>	NOTARY COMMISSION EXPIRES My Commission Expires Dec. 18, 1979
DO NOT WRITE BELOW THIS LINE				
ABSTRACT of Supporting Evidence (for health dept. use) <i>James Hunter</i> DHEC No. 613 Rev. 2/75 <i>Carlynn D. Moore</i>	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)			DATE ORIGINAL DOCUMENT WAS MADE
	1 <i>Marriage License No. 48389 - Filed with Marlboro Co. Probate Judge</i>			<i>October 22, 1945</i>
	2 <i>Bennettsville, S. C.</i>			
	3			
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE				
1 <i>Ulice Jacobs: Age 23 yrs.</i>				
2				
3				
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. Ryan</i>		EVIDENCE REVIEWED BY <i>Glennda Love</i>
				DATE FILED <i>1-17-77</i>