

F/Sep 30 1916 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 <b>MATTIE LEE WORTHINGTON</b>			STATE FILE OR BIRTH NUMBER <b>139-16-077415</b>		
	Month <b>Sep</b>	Day <b>29</b>	Year <b>1916</b>	BIRTH PLACE <b>Greenwood Co., S.C.</b>	County	State

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Surname clarification		WORTHINGTON

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Mattie L. Worthington</i>	RELATIONSHIP <b>Self</b>
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NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>Apr 3 1978</b>	SIGNATURE OF NOTARY <i>William S. Hoff</i>	NOTARY COMMISSION EXPIRES <b>Jan 5 19 81</b>
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AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)	RELATIONSHIP
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NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>19</b>	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES <b>19</b>
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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 <b>No evidence required</b>	
	2	
	3	

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

DHEC No. 613 Rev. 2/75 <b>1861</b>	ADDITIONAL INFORMATION
	1
	2

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</i>	EVIDENCE REVIEWED BY ---	DATE FILED <b>4-17-78</b>
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