

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH Lizzie Belle Potter			STATE FILE OR BIRTH NUMBER 16-47467		
	BIRTH DATE	Month Jan	Day 9	Year 1916	BIRTH PLACE City or Town Spartanburg County SC State SC	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	given name			Marniellen, Jr.		Lizzie Belle Potter
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Mrs. Lizzie P. Bailey</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON March 16 19 78 <i>Barbara G. Mabry</i> SIGNATURE OF NOTARY				NOTARY COMMISSION EXPIRES Dec 15 19 80	
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	Mary Black Hospital Record, Spartanburg, SC				Nov 16, 1957
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	Lizzie Belle Potter, bd: Jan 9, 1916				
	2					
	3					
ADDITIONAL INFORMATION						
DHEC No. 613 Rev. 2/75 <i>1468</i>		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 <i>Barbara G. Mabry</i>		DATE FILED MAR 23 1978		