

**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 Sarah Smith				STATE FILE OR BIRTH NUMBER 139-22-004892	
	BIRTH DATE	Month Jan	Day 29	Year 1922	BIRTH PLACE	City or Town Lexington
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS			SHOULD BE
	Child's name		Ruella Smith			Sarah Smith
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Sarah Davison</i>				RELATIONSHIP self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Jan 29 1977</i>		SIGNATURE OF NOTARY <i>Greg Morris</i>		NOTARY COMMISSION EXPIRES Notary Public, Philadelphia, Philadelphia Co. 1979	
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	Social Security Appl. # 251-32-3279 Baltimore, Md				7/52
	2					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	Sarah Smith (Davison) (DOB 1-29-22)				
	2					
DHEC No. 613 Rev. 2/75	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>Dois M. Pyars</i>		EVIDENCE REVIEWED BY <i>Barbara H. Freeman</i>	DATE FILED 9-19-78

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