

**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>Edith Capers</b>				STATE FILE OR BIRTH NUMBER <b>139-22-00833</b>		
	BIRTH DATE	Month <b>Jan</b>	Day <b>16</b>	Year <b>1922</b>	BIRTH PLACE	City or Town <b>Clarendon</b>	County <b>S.C.</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Child's name		Pearlie Capers		Edith Capers		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Edith House</i>				RELATIONSHIP <b>self</b>		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>9-28-79</b> 19		SIGNATURE OF NOTARY <i>Ernest Lee Hudson</i>		NOTARY COMMISSION EXPIRES <b>July 1-82</b> 19		
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		

**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	Employment record (BBL Microbiology Systems) Cockeysville MD	8/23/71
	2		
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1	Edith (House) - DOB 1/16/22	
	2		
	3		

DHEC No. 613  
Rev. 2/75  
**1410**

ADDITIONAL INFORMATION		ASSISTANT STATE REGISTRAR <i>Ann M Owens</i>	EVIDENCE REVIEWED BY <i>Michelle M Shealy</i>	DATE FILED <b>10-31-79</b>
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.				