

**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			STATE FILE OR BIRTH NUMBER		
	GENEVIEVE JANE SMITH			139-22-005153		
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month Jan	Day 26	Year 1922	CITY OR TOWN Oconee	COUNTY S.C.
	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Child's name			Jennie V. Smith		Genevieve Jane Smith
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:					RELATIONSHIP
	SIGNATURE OF PARENT (OR OTHER)			SIGNATURE OF NOTARY		self
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			19		NOTARY COMMISSION EXPIRES
	April 21, 1980			Ann Larnon		3-10-83 19
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:					RELATIONSHIP
	SIGNATURE OF PARENT (OR OTHER)			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			19		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	Driver's license statement #0-832544 Atlanta GA	1/10/68
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Genevieve Jane (Harris) - DOB 1/26/22	
2		
3		

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

*Ann L. Owens*

EVIDENCE REVIEWED BY

*Michelle M. Shively*

DATE FILED

*9-5-80*

0609