

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH PAUL G. SMITH			STATE FILE OR BIRTH NUMBER 139-16-069738		
	BIRTH DATE	Month Day Year July 24, 1916	BIRTH PLACE	City or Town	County State Oconee Co. S.C.	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	<i>Child's name</i>		<i>Unnamed Smith</i>		PAUL G. SMITH	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Paul G. Smith</i>				RELATIONSHIP <i>Self</i>	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>March 22, 1978</i>		SIGNATURE OF NOTARY <i>Wicki D. Smalley</i>		NOTARY COMMISSION EXPIRES <i>June 19 1983</i>	
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	<i>Atlantic Coast Life Ins. Company, Charleston, S.C. Pol. 2336055</i>				<i>Apr. 15, 1957</i>
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	<i>PAUL G. SMITH AGE NEXT BIRTH DAY 41</i>				
	2					
ADDITIONAL INFORMATION						
DHEC No. 613 Rev. 2/75 <i>1710</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>Jennifer Underwood</i>	
				DATE FILED <i>4-11-78</i>		