

**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 <b>PAUL G. SMITH</b>			STATE FILE OR BIRTH NUMBER <b>139-16-069738</b>				
	BIRTH DATE	Month <b>July</b>	Day <b>24,</b>	Year <b>1916</b>	CITY OR TOWN	COUNTY	STATE	
					<b>Oconee Co. S.C.</b>			
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>		<b>PAUL G. SMITH</b>			
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 <b>Self</b>			
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>March 22,</b>		19 <b>78</b>	SIGNATURE OF NOTARY <i>Wicki D. Smalley</i>		NOTARY COMMISSION EXPIRES <b>June 19 1983</b>		
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		
<b>DO NOT WRITE BELOW THIS LINE</b>								
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>					<b>Apr. 15, 1957</b>	
	2							
	3							
<b>INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE</b>								
1	<b>PAUL G. SMITH AGE NEXT BIRTH DAY 41</b>							
2								
3								
DHEC No. 613 Rev. 2/75  <b>1710</b>	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. Byars</i>		EVIDENCE REVIEWED BY <i>Jennifer Underwood</i>		DATE FILED <b>4-11-78</b>	