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				STATE FILE OR BIRTH NUMBER
	SUDIE CARTER				139-15-022991
	BIRTH DATE	Month: June	Day: 02,	Year: 1915	BIRTH PLACE: City or Town: Darlington; County: Darlington; State: SC

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	CHILD'S GIVEN NAME	ELLEN	SUDIE CARTER
	CHILD'S DATE OF BIRTH	06/01/1915	06/02/1915

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. SIGNATURE OF PARENT (OR OTHER): Sudie C. Copeland		RELATIONSHIP: SELF
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON	SIGNATURE OF NOTARY: Pepa [illegible]	NOTARY COMMISSION EXPIRES
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 30 Nov 07	SIGNATURE OF NOTARY: [illegible]	NOTARY COMMISSION EXPIRES 22 Aug 2010

DO NOT WRITE BELOW THIS LINE

ABSTRACT of Supporting Evidence (for health dept. use)

577
0692

NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)	DATE ORIGINAL DOCUMENT WAS MADE
1. OWN MARRIAGE CERTIFICATE #274, DARLINGTON COUNTY, SC	01/16/1937
2. SAme as # 1	
3.	

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE.

1. SUDIE CARTER, DOB: 06/02/1915
2. DOB 06/02/1915 SUDIE CARTER
3.

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.	REGISTRAR	EVIDENCE REVIEWED BY	DATE FILED
	Nekia Richardo	Cindy L Hall	12/5/07

DHEC 0613 (Rev. 01/1997)