



Paternity Acknowledgment
Division of Vital Records

Certificate No.

Pursuant to Section 44-63-165 of the Code of Laws of South Carolina, 1976, as amended, I hereby affirm that

is the father of the male/female child born on (first) (middle) (surname of father) (circle one) (month) (day) (year)
in (city, county), South Carolina, to (first, middle and legal surname of mother at time of child's birth)
nee (mother's maiden name) It is desired to have the father's name entered on the birth certificate and
that the child be named (first) (middle) (last)

Mother's Date of Birth: (month) (day) (year)

Father's Date of Birth: (month) (day) (year)

Mother's Place of Birth: (city, county, state)

Father's Place of Birth: (city, county, state)

Mother's Social Security #

Father's Social Security #

Mother's Race:

Father's Race:

If Mother is of Hispanic Origin, indicate:

If Father is of Hispanic Origin, indicate:

- Mexican Puerto Rican
Cuban of Spanish Origin Not Listed

- Mexican Puerto Rican
Cuban of Spanish Origin Not Listed

Mother's Education:

Father's Education:

(Indicate highest level: Elementary/Secondary 0-12/College 1-4, 5+)

(Indicate highest level: Elementary/Secondary 0-12/College 1-4, 5+)

Father's Employer:

Employer's Address:

I understand that by signing the Paternity Acknowledgment, it will be presumed by law that I am the father of the child and the child's birth certificate will be amended to reflect this fact. I understand that I may rescind my acknowledgment within sixty (60) days of the date of the signature on the paternity acknowledgment form. Furthermore, I understand that if I decide to rescind, that rescission will not cause or allow an amendment to the birth certificate. In order to have the father's name removed, a determination of paternity must be made by a court of competent jurisdiction or an administrative agency pursuant to SC Code Ann. Sections 20-7-952 and 20-7-9505 which directs DHEC to amend the birth certificate. A certified copy of the order determining paternity and directing DHEC to amend the birth certificate must be provided to DHEC in order for any amendments to be processed. Any rescission made after sixty (60) days must be made in accordance with SC Code Ann. Section 20-7-958 (f). I also understand that by signing this document that I have read or have had read to me and I understand my rights and responsibilities as outlined on the document provided to me.

(Signature of Mother)

(Signature of Father)

(Address of Mother)

(Address of Father)

SWORN to and subscribed to before me this
day of (SEAL)

SWORN to and subscribed to before me this
day of (SEAL)

(Notary Public)

(Notary Public)

For State of

For State of

My Commission expires:

My Commission expires:

Identification presented by mother:

Identification presented by father:

(Source) (Number)

(Source) (Number)

Require identification of both parents when obtaining signatures and enter source and document number. Both parents must consent to entering the name of the father and agree upon the full name of the child.

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE (For Vital Records Use Only)

Other Items To Be Corrected

Table with 3 columns: Item Omitted or In Error, Birth Certificate Shows, Should Be. Rows 1, 2, 3.

Table with 3 columns: Name of Document Supporting Correction of Item in the Corresponding Number Above, Place Where Document is Filed, Date Document was Filed. Rows 1, 2, 3.

Information Stated in Document of Corresponding Number Above

Table with 1 column: Information Stated in Document of Corresponding Number Above. Rows 1, 2, 3.

I certify that I have examined the documents referred to above, that they show no changes or erasures and appear to be authentic. Evidence Reviewed by: Date

TO BE COMPLETED WHEN FATHER ACKNOWLEDGES PATERNITY PRIOR TO THE BIRTH OF THE CHILD (All information concerning the father on the front of this form including his notarized signature must also be completed at the time the affidavit below is executed.)

I, \_\_\_\_\_ having acknowledged paternity prior to  
(first, middle, surname of father)

the birth of the child to be born to \_\_\_\_\_ on  
(first, middle, maiden name of mother)

or about \_\_\_\_\_, do consent for the child's surname  
(expected date of birth)

to be \_\_\_\_\_, further that the designation of the child's given name at the  
time of birth be considered as mutually agreed upon by me and the mother.

\_\_\_\_\_  
(Signature of Father)

SWORN to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Notary Public) (SEAL)

For State of \_\_\_\_\_ My Commission expires: \_\_\_\_\_

TO BE COMPLETED IF SIGNATORY **RESCINDS** PATERNITY WITHIN SIXTY (60) DAYS OF A SIGNED PATERNITY ACKNOWLEDGMENT AFFIDAVIT:

I, \_\_\_\_\_, (Father/Mother) having previously acknowledged  
(Name of person rescinding) (circle one)

paternity of \_\_\_\_\_ born on  
(Name of child)

\_\_\_\_\_ to \_\_\_\_\_  
(Child's date of birth) (Full maiden name of mother)

do now hereby rescind my voluntary acknowledgment which was signed and notarized on \_\_\_\_\_  
(Date of paternity acknowledgement)

\_\_\_\_\_  
(Signature of rescinder)

\_\_\_\_\_  
(Signature of rescinder)

\_\_\_\_\_  
(Date rescission signed)

\_\_\_\_\_  
(Date rescission signed)

\_\_\_\_\_  
(Identification presented by rescinder)

\_\_\_\_\_  
(\*Identification presented by rescinder)

SWORN to and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
(Signature of Notary Public)

State of South Carolina  
My Commission Expires: \_\_\_\_\_

\*Picture identification is required with obtaining signature(s). The source and identifying number must be recorded to validate revocation. Consent from second (2nd) signatory is NOT REQUIRED.