

Pd. \$3.00

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 BERNICE GOURDIN						STATE FILE OR BIRTH NUMBER 139-16-085688		
	BIRTH DATE	Month August	Day 3	Year 1916	BIRTH PLACE	City or Town Andrews,	County Georgetown	State S. C.	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS			SHOULD BE		
	Given Name			Bessie Evans			Bernice Gourdin		
	Birthdate			November 4, 1916			August 3, 1916		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Bernice Wright</i>						RELATIONSHIP Self		
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON 19			SIGNATURE OF NOTARY			NOTARY COMMISSION EXPIRES 19		
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 May 24 1976			SIGNATURE OF NOTARY <i>James A. W. McLeod</i>			NOTARY COMMISSION EXPIRES March 30 1977		
DO NOT WRITE BELOW THIS LINE									
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	Statement from Dr. Joseph Kriegler, Lackawanna, N. Y.						8-5-46	
	2								
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	1	Bernice Gourdin Wright born August 3, 1916							
	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 <i>David M. Bryant</i>		EVIDENCE REVIEWED BY <i>Berna A. Wingate</i>		DATE FILED 7-2-76	