

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

Page 2 of 2

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH Pauline Jones			STATE FILE OR BIRTH NUMBER 139-16-078858		
	Month BIRTH DATE August	Day 30	Year 1916	City or Town Richland	County Richland	State S. C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Child's given name			Wilhemena Jones		Pauline Jones
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP self	
NOTARY [AFFIX SEAL]	SIGNATURE OF PARENT (OR OTHER) <i>Pauline J. Bailey</i>				NOTARY COMMISSION EXPIRES PHILADELPHIA, PHILADELPHIA COUNTY MY COMMISSION EXPIRES FEB 5, 1979 RELATIONS, Pennsylvania Association of Notaries	
	SUBSCRIBED AND SWORN TO BEFORE ME ON JAN 27 1978 19					
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
NOTARY [AFFIX SEAL]	SIGNATURE OF PARENT (OR OTHER)		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	SUBSCRIBED AND SWORN TO BEFORE ME ON 19		19		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	United Insur. Co. of America, #21807982 Chicago IL				1/29/73
	2					
	3					
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
1	Pauline Bailey - age 56					
2						
3						
ADDITIONAL INFORMATION						
DHEC No. 613 Rev. 2/75 0649		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>Michele W. Shealy</i>	
				DATE FILED 2-23-78		