

DOF/01/16/22

## 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 <b>Clavia Gordon</b>			STATE FILE OR BIRTH NUMBER <b>139-22-000801</b>		
	BIRTH DATE Month Day Year <b>January 14, 1922</b>	BIRTH PLACE City or Town <b>Chesterfield</b>	County <b></b>	State <b>S.C.</b>		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's Given Name		Un-Named Gordon		Clavia Gordon	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Clavia McCay</i>			RELATIONSHIP <b>Self</b>		
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>April 14, 19 80</b>		SIGNATURE OF NOTARY <i>Lena R. Brooks</i>		NOTARY COMMISSION EXPIRES <b>April 14, 19 82</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	
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	Own Marriage Record (No # Listed) Chesterfield, S.C.				May 14, 1950
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	Clavia Gordon - (Age 28)				
	2					
	3					
DHEC No. 613 Rev. 2/75 <i>1824</i>	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>Ann E. Owen</i>		EVIDENCE REVIEWED BY <i>Lena R. Brooks</i>		
				DATE FILED <b>4-18-80</b>		