

FD/8/15/16

## 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 GERALD STUART BALLARD				STATE FILE OR BIRTH NUMBER 139-16-072821							
	Month		Day		Year		City or Town					
	BIRTH DATE		August		10		1916					
	BIRTH PLACE		Georgetown		Georgetown		State S. C.					
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS				SHOULD BE			
	Given Name				Un-named				Gerald Stuart Ballard			
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>X</i> <i>Gerald Stuart Ballard</i>								RELATIONSHIP Self			
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>February 27th 1978</i>				SIGNATURE OF NOTARY <i>Belva O. Wingate</i>				NOTARY COMMISSION EXPIRES <i>November 29th 1987</i>			
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	Voters Registration Application #0418737, Georgetown, S. C.	1-11-68
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Gerald Stuart Ballard (DOB 8-10-16)	
2		
3		

DHEC No. 613

Rev. 2/75

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

*Doris M. Byars*

EVIDENCE REVIEWED BY

*Belva O. Wingate, Deputy*

DATE FILED

*3-2-78**0812*