

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**

M/9/2/16

**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			STATE FILE OR BIRTH NUMBER		
	Ernest Gaskins			139-16-073463		
BIRTH DATE	Month	Day	Year	City or Town	County	State
	Aug.	15,	1916	Kershaw	S.C.	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given name of child			Omitted		Ernest Gaskins
	Surname			Gaskin		Gaskins
	Father's Name			Shelley Gaskin		John Shellie Gaskins
Mother's Maiden Name			Bulah Deese		Beulah Dease	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON					
	Mar. 9, 1978			<i>Bobbi Jean Stover</i>		Nov. 18, 1980
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON					
	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	Appl. for National Service Life Ins., Ser. #34961314	2/29/44
2	Parents' Marriage License #1244, Camden, S.C.	9/23/15
3	" " " " " "	9/23/15
<b>INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE</b>		
1	Ernest Gaskins (d.o.b. 8/15/16)	
2	Gaskins	
3	Father: John Shellie Gaskins      Mother: Bulah Dease	

DHEC No. 613

Rev. 2/75

1709

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	EVIDENCE REVIEWED BY	DATE FILED
	<i>Doris M Byers</i>	<i>Bobbi Jean Stover</i>	4-11-78