

# AFFIDAVIT OF CORRECTION TO BIRTH RECORD

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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		
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month Aug.	Day 15,	Year 1916	CITY OR TOWN Kershaw	COUNTY S.C.
	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		
	Given name of child			Omitted		
	Surname			Gaskins		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER) <i>[Signature]</i>				Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES
	Mar. 9, 1978			<i>[Signature]</i>		Nov. 18, 1980
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)				NOTARY COMMISSION EXPIRES	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES
	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

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

1	Ernest Gaskins (d.o.b. 8/15/16)
2	Gaskins
3	Father: John Shellie Gaskins Mother: Beulah Dease

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

*[Signature]*

EVIDENCE REVIEWED BY

DATE FILED

4-11-78

1709