

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
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 James Benjamin Gosnell				STATE FILE OR BIRTH NUMBER 139-22-002985	
	BIRTH DATE	Month Feb	Day 06	Year 1922	BIRTH PLACE City or Town Anderson	County State SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given name of child		Benjamin		James Benjamin Gosnell	
	Surname		Omitted		Gosnell	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>James B. Gosnell</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON April 27 19 90		SIGNATURE OF NOTARY <i>Leslie M. Robbins</i>		NOTARY COMMISSION EXPIRES February 28, 2000 19	
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	US Navy Discharge Record #646568/6002, Charleston, SC	Dec. 18, 1967
	2	Father's surname on birth certificate	
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
1	James Benjamin Gosnell	Date of Birth: February 06, 1922	
2			
3			

DHEC No. 613
Rev. 2/75

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 L. Owens</i>	EVIDENCE REVIEWED BY <i>Leslie M. Robbins</i>	DATE FILED 4-27-90

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