

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

DOF 10-15-25

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	
	Maxie Allen Jones				139-23-049085	
	Month	Day	Year	City or Town	County	State
	BIRTH DATE	Dec.	3	1923	Dillon	S. C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	DOB		Oct 3, 1925/Dec 3 1923		Dec. 3, 1923	
	Given Name		Maxy Allerf Jones		Maxie Allen Jones	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Maxie Jones</i>				RELATIONSHIP <i>Self</i>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>June 19 1985</i>		SIGNATURE OF NOTARY <i>Delores H. Sherman</i>		NOTARY COMMISSION EXPIRES <i>8-10 1993</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		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	Clarification None required	
2	BC of child #139-50-041697, Dillon, S. C.	11-10-50
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Dec. 3, 1923 None required	
2	Maxie Allen Jones age 26	
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

EVIDENCE REVIEWED BY

DATE FILED

Delores H. Sherman *Delores H. Sherman* *8/30/85*

0517