

**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	BIRTH PLACE	City or Town	County State
	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>
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NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES
	<i>June 19 1985</i>	<i>Delores H. Sherman</i>	<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	
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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

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

*0517*

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>Delores H. Sherman</i>	<i>Delores H. Sherman</i>	<i>9/50/85</i>