

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**

filed 2-13-22 F SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 2 of 2

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH GERNON AUDREYDAY BAZEN			STATE FILE OR BIRTH NUMBER 139-22-004164			
	BIRTH DATE	Month Feb	Day 9	Year 1922	BIRTH PLACE Florence	City or Town Florence	County Florence
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Given name		Unnamed		Gernon Audreyday Bazen		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:					RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SIGNATURE OF PARENT (OR OTHER) <i>Gernon B. Jones</i>			SIGNATURE OF NOTARY <i>Alta E. Lewis</i>		NOTARY COMMISSION EXPIRES October 15 1989	
	SUBSCRIBED AND SWORN TO BEFORE ME ON November 1 19 83						
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:					RELATIONSHIP	
NOTARY (AFFIX SEAL)	SIGNATURE OF PARENT (OR OTHER)			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES 19	
	SUBSCRIBED AND SWORN TO BEFORE ME ON 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	Son's birth cert, #139-51-049951 Columbia, SC	Nov. 25, 1951
	2		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
	1	Gernon Audreyday Bazen age 29	
	2		
DHEC No. 613 Rev. 2/75 <i>0493</i>	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.		DATE FILED 11-8-83
ASSISTANT STATE REGISTRAR <i>Ann H. Dukes</i>		EVIDENCE REVIEWED BY <i>Alta E. Lewis</i>	