

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

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

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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 Day Year Feb 9 1922	BIRTH PLACE City or Town Florence	County State SC	
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: SIGNATURE OF PARENT (OR OTHER) <i>Gernon B. Jones</i>		RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON November 1 19 83		SIGNATURE OF NOTARY <i>Alta E. Lewis</i> NOTARY COMMISSION EXPIRES October 15 1989	
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	Son's birth cert, #139-51-049951 Columbia, SC		Nov. 25, 1951
	2			
	3			
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE				
1	Gernon Audreyday Bazen age 29			
2				
3				
ADDITIONAL INFORMATION				
DHEC No. 613 Rev. 2/75 <i>0493</i>		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. Dukes</i>
		EVIDENCE REVIEWED BY <i>Alta E. Lewis</i>		DATE FILED 11-8-83