

# 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				STATE FILE OR BIRTH NUMBER		
	Johnnie Jones				139-16-066058		
	Month		Day	Year	City or Town	County	State
	BIRTH DATE	June 5, 1916		BIRTH PLACE	Richland S.C.		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's given name			Ernest, Jr.		Johnnie Jones	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP		
	SIGNATURE OF PARENT (OR OTHER) <i>Johnnie Jones</i>				self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		
	<i>Oct. 1, 1975</i>		<i>Eva P. Trezervant</i>		<i>December 30, 1980</i>		
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE						
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)					DATE ORIGINAL DOCUMENT WAS MADE	
	1	Application for SS#248-28-9885 -Baltimore, Md.					2-10-40
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	JOHNNIE JONES					
2							
3							
ADDITIONAL INFORMATION							
DHEC No. 613 Rev. 11/73		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>Louis M. Byars</i>		<i>Earl Bleakley</i>	<i>11-4-75</i>		

EB