

M 11-9-16 001291
001312 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 Robert Gaines, Jr.				STATE FILE OR BIRTH NUMBER 139 16 080190	
	BIRTH DATE	Month Oct	Day 16	Year 1916	BIRTH PLACE	County Anderson State S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	given name in error		Benjiman		Robert	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Robert Gaines Jr</i>				RELATIONSHIP self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON February 16 19 78		SIGNATURE OF NOTARY <i>Francis Fuller</i>		NOTARY COMMISSION EXPIRES July 29, 19 79	
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	
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	Army Discharge #34 096 590 Washington, D. C.				Aug 22 1941
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	Robert Gaines, Jr., Oct 16 1916				
2						
3						
DHEC No. 613	ADDITIONAL INFORMATION					
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 <i>Doris M Byrns</i>		EVIDENCE REVIEWED BY <i>Francis Fuller Deputy Registrar</i>	
0581					DATE FILED 2-22-78	