

# 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 <b>JACK BAYNE WARD</b>				STATE FILE OR BIRTH NUMBER <b>139 16 087123</b>		
	BIRTH DATE	Month <b>Nov</b>	Day <b>20</b>	Year <b>1916</b>	BIRTH PLACE	City or Town <b>Pickens</b>	County <b>Pickens</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given name			<b>Jesse B.</b>		<b>Jack Baynes</b>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.				RELATIONSHIP		
	SIGNATURE OF PARENT (OR OTHER) <i>Jack Bayne Ward</i>				<b>self</b>		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	<b>May 20</b>	<b>19 76</b>		<i>Edna S. Venable</i>		<b>Dec 12 19 83</b>	

**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	<b>Certificate of Membership, Iowa State Travelers Mutual Asso.</b>	<b>Oct 21, 1958</b>
	2		
	3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
1	<b>Des Moines, Iowa, Name: Jack Bayne Ward</b>		
2			
3			
DHEC No. 613 Rev. 11/73	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.		
	ASSISTANT STATE REGISTRAR <i>Doris M. Byars</i>	EVIDENCE REVIEWED BY <i>Edna S. Venable</i> <i>Deputy County Registrar</i>	DATE FILED <b>5-27-76</b>