

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 JACK BAYNE WARD				STATE FILE OR BIRTH NUMBER 139 16 087123		
	BIRTH DATE	Month Nov	Day 20	Year 1916	City or Town Pickens	County Pickens	State S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given name				Jesse B.		Jack Baynes
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT SIGNATURE OF PARENT (OR OTHER) <i>Jack Bayne Ward</i>					RELATIONSHIP self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON May 20			19 76	SIGNATURE OF NOTARY <i>Edna S. Venable</i> NOTARY COMMISSION EXPIRES Dec 12 1983		

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	Certificate of Membership, Iowa State Travelers Mutual Asso.	Oct 21, 1958
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Des Moines, Iowa, Name: Jack Bayne Ward	
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 5-27-76