

# 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					
	Hazel E. Simons			139-16-046133					
	BIRTH DATE	Month January	Day 16,	Year 1916	BIRTH PLACE	City or Town Fairfield	County Fairfield	State S.C.	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE			
	Child;s given name			Lizzie		Hazel E. Simons			
	Surname			Samons		Simons			
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)					RELATIONSHIP			
	<i>Hazel E. Belmont</i>					self			
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES			
	2-20 1976			<i>Julius W. Davis</i>		10-13 1985			
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	marriage license, Fairfield Probate Court, S.C.						7-28-35	
	2	parents marriage license, Kershaw Probate Judges office, S.C.						5-23-12	
	3								
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE									
1	HAZEL E. SIMONS								
2	SIMONS								
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>Doris M. Byars</i>		<i>Earl Bleakley</i>		2-20-76		
			EB						