

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) <i>Hazel E. Belton</i>						RELATIONSHIP self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 2-20-1976			SIGNATURE OF NOTARY <i>Julius W. Davis</i>		NOTARY COMMISSION EXPIRES 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 <i>Doris M. Byars</i> EB		EVIDENCE REVIEWED BY <i>Earl Blackley</i>		DATE FILED 2-20-76	