

AFFIDAVIT OF CORRECTION TO BIRTH RECORD W hite/Male/File date: 7/29/16
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 VERNON Z. GAULT			STATE FILE OR BIRTH NUMBER 139-16-070456		
	BIRTH DATE	Month Day Year Jun 08 1916	BIRTH PLACE	City or Town County State Cherokee Co., SC		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given name		Omitted		VERNON Z. GAULT	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Vernon Z. Gault</i>				RELATIONSHIP Same	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Nov 30 1978 19		SIGNATURE OF NOTARY <i>Virginia P. Mabry</i>		NOTARY COMMISSION EXPIRES Jan 17 1983 19	
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	
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	Cherokee Co. HHealth Dept. Clinic record, Gaffney, SC				Sep 30 1972
	2	Own marr. cert. Bk. JJ, Pg. 185, Sptbg. Co. Probate Judge, Sptbg, SC				11-18-50
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	VERNON Z. GAULT, DOB: 6/8/16				
	2	VERNON GAULT, Age at Marr.: 34 yrs.				
	3					
ADDITIONAL INFORMATION						
DHEC No. 613 Rev. 2/75 <i>1629</i>		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>Dorison Byars RB</i>	EVIDENCE REVIEWED BY <i>Virginia P. Mabry</i>	DATE FILED <i>12-4-78</i>