

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 Jun	Day 08	Year 1916	CITY OR TOWN 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
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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
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AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)			RELATIONSHIP
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NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON	19	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES	19
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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. Health 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

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	

DHEC No. 613	Rev. 2/75	1629	ADDITIONAL INFORMATION	ASSISTANT STATE REGISTRAR <i>Dorison Byars RB</i>	EVIDENCE REVIEWED BY <i>Virginia P. Mabry</i>	DATE FILED 12-4-78
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.						