

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH				STATE FILE OR BIRTH NUMBER			
	GLADYS CORNELIA DUNCAN				139-22-002068			
	Month BIRTH DATE	Day JAN	Year 12 1922	City or Town BIRTH PLACE	County OCONEE	State SC		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE		
	GIVEN NAME			GLADYS CORNELIA DUNCAN		GLADYS CORNELIA DUNCAN		
	DATE OF BIRTH			JAN 01 1922		JAN 12 1922		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Glady's D. Miller</i>					RELATIONSHIP SELF		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>July 25 1982</i>			SIGNATURE OF NOTARY <i>Debra M. James</i>		NOTARY COMMISSION EXPIRES <i>July 13 1988</i>		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Kathleen (Nix) Duncan</i>					RELATIONSHIP Mother		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>July 25 1982</i>			SIGNATURE OF NOTARY <i>Debra M. James</i>		NOTARY COMMISSION EXPIRES <i>July 13 1988</i>		
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	
	<i>William E. Dukes, M.D.</i>							
	1	Clemson Family Practice Center, P.A., Medical Record Clemson, SC						Sep 08 1955
	2	Same as #1						
	3							
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE								
	1	GLADYS CORNELIA DUNCAN Miller						
	2	D/B JAN 12 1922						
	3							
ADDITIONAL INFORMATION								
DHEC No. 613 Rev. 2/75 <i>1423</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>Ann D. Owen</i>		EVIDENCE REVIEWED BY <i>Jennifer Underwood</i>
						DATE FILED <i>11/4/82</i>		