

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

JAN 11 1923

F. SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Page 2 of 2

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH				STATE FILE OR BIRTH NUMBER				
	Jocelyn Claire Melchers				139-23-000417				
	BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County	State	
	JAN		1	1923	Charleston	Charleston	SC		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS				SHOULD BE
	Given Name				Omitted				Jocelyn Claire Melchers
	SEX				Male				Female
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:								
	SIGNATURE OF PARENT (OR OTHER)				SIGNATURE OF NOTARY				RELATIONSHIP
	<i>X Jocelyn B. Norman</i>				<i>Lois A. North</i>				SELF
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON				NOTARY COMMISSION EXPIRES				
	<i>15 September 1987</i>				<i>1-9</i>				<i>19 91</i>
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:								
	SIGNATURE OF PARENT (OR OTHER)				SIGNATURE OF NOTARY				RELATIONSHIP
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON				NOTARY COMMISSION EXPIRES				
	19				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	Own Marriage License, Probate Court, Chas. SC #027 1845	12/18/43
2	Same as above	
3		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

1	NAME: Jocelyn Claire Melchers	AGE: 20
2	SEX: Female	NAME: Jocelyn Claire Melchers
3		AGE: 20

DHEC No. 613

Rev. 2/75

ADDITIONAL INFORMATION

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

Ann G. Owens *Chisa R. Bales* *9-29-87*

1849