

MAR 10 1922

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
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 DAISY E JONES				STATE FILE OR BIRTH NUMBER 139-22-003140		
	BIRTH DATE	Month JAN	Day 28	Year 1922	BIRTH PLACE BAMBERG	County	State S C
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE
	GIVEN				ELIZEBETH		DAISY E JONES
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:					RELATIONSHIP SELF	
NOTARY (AFFIX SEAL)	SIGNATURE OF PARENT (OR OTHER) <i>Daisy E. Jones</i>		SUBSCRIBED AND SWORN TO BEFORE ME ON FEB. 21 1985		SIGNATURE OF NOTARY <i>Arthur M. Casson</i>		NOTARY COMMISSION EXPIRES ARTHUR M. CASSON Notary Public, State of New York No. 30-0598300 Nassau County 19 Commission Expires March 30, 1985
	AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:					RELATIONSHIP
NOTARY (AFFIX SEAL)	SIGNATURE OF PARENT (OR OTHER)		SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		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	PERSONNEL RECORD OF CITY OF NEW YORK NO # NEW YORK, N. Y.	10/30/72
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	DAISY E (WALKER)	DATE OF BIRTH 1/28/22
2		
3		

DMEC No. 613

Rev. 2/75

0558

I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.	ADDITIONAL INFORMATION	EVIDENCE REVIEWED BY	DATE FILED
		<i>Carly Walker</i>	<i>3-4-85</i>