

MAR 10 1922

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

Page 2 of 2

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 DAISY E JONES				STATE FILE OR BIRTH NUMBER 139-22-003140	
	Month JAN	Day 28	Year 1922	City or Town BAMBERG	County S C	State S C
	BIRTH DATE			BIRTH PLACE		
	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
ITEMS TO BE AMENDED OR CORRECTED	GIVEN			ELIZEBETH		DAISY E JONES
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Daisy E. Jones</i>					RELATIONSHIP SELF
NOTARY (AFFIX SEAL)	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 Commission Expires March 30, 1985	
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	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		

DMC 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

Carly J. [Signature] *3-4-85*

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