

**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 <b>William David Pittman</b>				STATE FILE OR BIRTH NUMBER <b>139-22-004623</b>		
	BIRTH DATE	Month <b>Feb</b>	Day <b>1</b>	Year <b>1922</b>	CITY OR TOWN	COUNTY <b>Horry</b>	STATE <b>S.C.</b>

<b>ITEMS TO BE AMENDED OR CORRECTED</b>	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Child's name	W. D. Pitman	William David Pittman
	Surname	Pitman	Pittman

<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>William David Pittman</i>	RELATIONSHIP <b>self</b>
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<b>NOTARY (AFFIX SEAL)</b>	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Sept 16 1977</i>	SIGNATURE OF NOTARY <i>Prenda E. Louman</i>	NOTARY COMMISSION EXPIRES <i>Jan 20 1980</i>
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<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>William David Pittman</i>	RELATIONSHIP <b>Sister</b>
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<b>NOTARY (AFFIX SEAL)</b>	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>19</b>	SIGNATURE OF NOTARY <i>Hattie Pittman McDaniel</i>	NOTARY COMMISSION EXPIRES <b>19</b>
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**DO NOT WRITE BELOW THIS LINE**

<b>ABSTRACT of Supporting Evidence (for health dept. use)</b>	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)	DATE ORIGINAL DOCUMENT WAS MADE
	1 Veterans Admin. Branch Office #4 Insur. #FN 2 095 308 Richmond VA	4/1/42
	2 1930 U.S. Census; Washington, D.C. #4 015 462	4-1-1930

<b>INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE</b>	1 William David Pittman - age 20
2 Pittman	
3	

DHEC No. 613

Rev. 2/75

**0593**

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>Louise Ryan md</i>	EVIDENCE REVIEWED BY <i>Mary Drake</i>	DATE FILED <b>2-16-78</b>
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