

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**

FD 2-14-22

M

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH Blair C. Killian				STATE FILE OR BIRTH NUMBER 139-22-003648		
	BIRTH DATE	Month Feb.	Day 1,	Year 1922	BIRTH PLACE	City or Town Chester	County Chester
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Given Name of Child		Omitted		Blair C. Killian		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Blair Clyde Killian</i>				RELATIONSHIP Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>April 27</i> 19 <i>90</i>		SIGNATURE OF NOTARY <i>Maudeline J. Level</i>		NOTARY COMMISSION EXPIRES <i>Oct 21, 1994</i>		
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		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		

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	US Army Discharge, #14 176 451, Lowry Field, Colorado	Dec. 19, 1945
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Blair C. Killian	DOB Feb. 1, 1922
2		
3		

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 <i>Ann G. Owens, DB</i>	EVIDENCE REVIEWED BY <i>Betty B. Young</i>	DATE FILED 6-1-90

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