

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

FD 2-14-22

M

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 Blair C. Killian				STATE FILE OR BIRTH NUMBER 139-22-003648	
	BIRTH DATE	Month Feb.	Day 1,	Year 1922	BIRTH PLACE	County Chester State S. C.
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. Lavelle</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 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	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>Scott B. Young</i>	DATE FILED 6-1-90
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