

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 William Alexander Spencer			STATE FILE OR BIRTH NUMBER 139-16-071720			
	Month Aug	Day 15	Year 1916	City or Town Charleston	County S.C.	State	
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE			BIRTH PLACE			
	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's name			Unnamed Spencer		William Alexander Spencer	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>William Alexander Spencer</i>				RELATIONSHIP self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>April 12 1978</i>			SIGNATURE OF NOTARY <i>Patty M. Connel</i>		NOTARY COMMISSION EXPIRES <i>My Commission Expires February 9, 1981</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 19		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	Own Social Security Appl.; Baltimore, Md. #245-03-8078					3-1937
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	William Alexander Spencer dob: Aug 15 1916					
	2						
	3						
ADDITIONAL INFORMATION							
DHEC No. 613 Rev. 2/75 <i>1898</i>		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>Doris M. Byars md</i>		EVIDENCE REVIEWED BY <i>Mary Drake</i>	
						DATE FILED <i>4/14/78</i>	