

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
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 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	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		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	19				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	

DHEC No. 613

Rev. 2/75

1898

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>Doris M. Byars md</i>	EVIDENCE REVIEWED BY <i>Mary Drake</i>	DATE FILED <i>4/14/78</i>
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