

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 QUINCY THOMAS MCILWAIN		STATE FILE OR BIRTH NUMBER 139-23-049097	
	Month Apr	Day 1	Year 1923	BIRTH PLACE Lancaster SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS SHOULD BE	
	Given Name of Child		Robert Quincy Thomas McIlwain	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Quincy Thomas McIlwain</i>		RELATIONSHIP SELF	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>May 16 1988</i>		SIGNATURE OF NOTARY <i>Cathy R. McIlwain</i>	
			NOTARY COMMISSION EXPIRES <i>November 25 1989</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	
	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	Son's Birth Cert. No# Raleigh NC	6-7-47
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Quincy Thomas McIlwain age: 24 yrs	
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</i>	EVIDENCE REVIEWED BY <i>Quincy Thomas</i>
		DATE FILED 5-23-88

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