

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 Wilton Oscar Byrd				STATE FILE OR BIRTH NUMBER 139-16-060199		
	BIRTH DATE	Month May	Day 20	Year 1916	BIRTH PLACE Greenville	County Greenville	State S. C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	child's given name		omitted		Wilton Oscar		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Wilton Oscar Byrd</i>				RELATIONSHIP		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Jun 2 19 76		SIGNATURE OF NOTARY <i>Mary Lanni C. McAlister</i>		NOTARY COMMISSION EXPIRES COMMISSION EXPIRES NOV. 23, 1980		
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	Insurance policy of Virginia #303186 Richmond, Va.					Sep 17 1937
	2						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
	1	Wilton Oscar					
	2						
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>David M. Lyons</i>		EVIDENCE REVIEWED BY <i>Virginia White</i>	DATE FILED 8-4-76	