

M 1-23-22 AFFIDAVIT OF CORRECTION TO BIRTH RECORD

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH Wm Thomas McCallister		STATE FILE OR BIRTH NUMBER 139-22-005809	
	BIRTH DATE Month Day Year Jan 12 1922	BIRTH PLACE City or Town Spartanburg	County Spartanburg	State S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS		SHOULD BE
	Surname	Mcalister		McCallister
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>W. T. McCallister</i>		RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Oct 22 1986 19	SIGNATURE OF NOTARY <i>Edell R. Wilster</i>	NOTARY COMMISSION EXPIRES Jul 24 1995 19	
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	Parents' Marriage Cert. -Bk D Pg 794, Spartanburg, SC	Oct. 31, 1918	
	2			
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
	1	McCallister		
	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>Ann D. Owens</i>	EVIDENCE REVIEWED BY <i>Edell R. Wilster</i>	DATE FILED 11-06-86

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