

DOF: 1-11-22

## AFFIDAVIT OF CORRECTION TO BIRTH RECORD

Page 2 of 2

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				STATE FILE OR BIRTH NUMBER		
	Wallie Sweat				139-22-001946		
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month	Day	Year	BIRTH PLACE	County	
		January	1	1922	Latta	Marion	
	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		
	Given Name				McKinley		
						State	
						S.C.	
						SHOULD BE	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)					RELATIONSHIP	
						Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
			July 12 19 83	Barbara A. Alcorn		October 15 19 83	
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	Letter from S.C. Highway Dept., E.P. Austin					7-12-61
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	Wallie Sweatt DOB: 1-1-22 SCDL #0577214					
	2						
3							
DHEC No. 613							
Rev. 2/75							
1272							
ADDITIONAL INFORMATION							
to correct given name only							
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		EVIDENCE REVIEWED BY	DATE FILED	
			Ann Owens		Barbara A. Alcorn	7/18/83	