

M/Sep 10 1978  
**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 <b>COLUMBUS RHETT WALLACE</b>			STATE FILE OR BIRTH NUMBER <b>139-16-073653</b>		
	BIRTH DATE	Month <b>August</b>	Day <b>6</b>	Year <b>1916</b>	CITY OR TOWN <b>Laurens Co.</b>	COUNTY <b>S. C.</b>
	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given name			omitted		COLUMBUS RHETT WALLACE
ITEMS TO BE AMENDED OR CORRECTED						
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>C. R. Wallace</i>				RELATIONSHIP <b>SELF</b>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>Nov 13 1978</b>		SIGNATURE OF NOTARY <i>Garrett D Kennedy</i>		NOTARY COMMISSION EXPIRES <b>Jan 22 84</b>	
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 <b>19</b>		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES <b>19</b>	

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	Provident Life & Accident Insurance policy N99850, Chattanooga, Tenn.	
	2		
	3		
DHEC No. 613 Rev. 2/75 <i>1973</i>	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1	Columbus Rhett Wallace, Aug 6 1916	
	2		
	3		
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. Gussas</i>	EVIDENCE REVIEWED BY <i>Garrett D Kennedy</i>
		DATE FILED <i>11-24-78</i>	