

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 Ralph Grier				STATE FILE OR BIRTH NUMBER 139-16-062784			
	BIRTH DATE	Month June	Day 15,	Year 1916	BIRTH PLACE	City or Town Abbeville	County Abbeville	State SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's given name				Unnamed		Ralph Grier	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OR XXXXXX <i>Ralph Grier</i>						RELATIONSHIP <u>SELF</u>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Nov. 2 - 1978</i>				SIGNATURE OF NOTARY <i>Thomas J. Gidner</i>		NOTARY COMMISSION, Palmetto Co. My Commission Expires May 16, 1981	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OR XXXXXX						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	Social Security Appl. #248-28-1417 Baltimore, MD						2/24/40
	2							
	3							
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
	1	Ralph Grier - DOB 6/15/16						
	2							
	3							
ADDITIONAL INFORMATION								
DHEC No. 613 Rev. 2/75 <i>1069</i>		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. Byars</i>		EVIDENCE REVIEWED BY <i>on where we already</i>	DATE FILED <i>11-13-78</i>	