

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**

M, filed: 8/22/16

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>Veril Conway Brice</b>			STATE FILE OR BIRTH NUMBER <b>16-074766</b>		
	BIRTH DATE <b>Aug 13 1916</b>	Month <b>Aug</b>	Day <b>13</b>	Year <b>1916</b>	City or Town <b>Spartanburg</b>	County <b>SC</b>
<b>ITEMS TO BE AMENDED OR CORRECTED</b>	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	name omitted		Brice --		Veril Conway Brice	
	date of birth		Aug 12, 1916		Aug 13, 1916	
<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Veril Conway Brice</i>				RELATIONSHIP <b>Self</b>	
<b>NOTARY [AFFIX SEAL]</b>	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>Oct 20 19 78</b>		SIGNATURE OF NOTARY <i>Pauline G. Drabyn</i>		NOTARY COMMISSION EXPIRES <b>Dec 15 1980</b>	
<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)				RELATIONSHIP	
<b>NOTARY [AFFIX SEAL]</b>	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**

<b>ABSTRACT of Supporting Evidence [for health dept. use]</b>	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)		DATE ORIGINAL DOCUMENT WAS MADE
	1	<b>Liberty Life Ins. Co. Pol. #5552-A, Greenville, SC</b>	<b>Sep 1, 1960</b>
	2		
	3		

<b>INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE</b>	1 <b>Veril Conway Brice, bd: Aug 13, 1916</b>	
	2	
	3	

DHEC No. 613      Rev. 2/75      *0679*

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. Brice</i>	EVIDENCE REVIEWED BY <i>Pauline G. Drabyn</i>	DATE FILED <b>10/23/78</b>
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