

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

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 Connice Elizabeth Harris				STATE FILE OR BIRTH NUMBER 139 16 069978		
	BIRTH DATE	Month Jul	Day 10	Year 1916	BIRTH PLACE	City or Town Pickens	County Pickens
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given name				omitted		Connice Elizabeth
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Connice Harris Garrick</i>					RELATIONSHIP self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Aug 12 19 76			SIGNATURE OF NOTARY <i>Edouard S. Venable</i>		NOTARY COMMISSION EXPIRES Dec 12 19 83	

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	St. Francis Hospital Record, Greenville, S.C.						Nov 2 1944	
	2								
	3								
DHEC No. 613 Rev. 11/73	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE								
	1	Name Connice Elizabeth Harris							
	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>Louis M. Bryan 7B</i>	EVIDENCE REVIEWED BY <i>Edouard S. Venable</i> <i>Deputy County Registrar</i>	DATE FILED 8-20-76