

FD/2/15/22

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 2 of 2

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH Woodrow Wilson Grier			STATE FILE OR BIRTH NUMBER 139-22-004225			
	Month BIRTH DATE Feb.	Day 1	Year 1922	City or Town Georgetown	County S. C.	State	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given Name			Melvin Wilson		Woodrow Wilson Grier	
	Surname			Grice		Woodrow Wilson Grier	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>X Woodrow Wilson Grier</i>				RELATIONSHIP Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON July 15, 19 81		SIGNATURE OF NOTARY <i>Belma B. Wingate</i>		NOTARY COMMISSION EXPIRES Nov. 29, 19 87		
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 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	Appl. for Voter Registration #1214017, Georgetown, S. C.					7-17-72
	2	Parents Marriage License #949, Georgetown, S. C.					7-10-15
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
1	Woodrow Wilson Grier (Age 50)						
2	Grier						
3							
ADDITIONAL INFORMATION							
DNHC No. 813		Rev. 2/75		1953			
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>Ann L. Owens</i>		EVIDENCE REVIEWED BY <i>Belma B. Wingate</i>		DATE FILED 8-5-81	