Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH						STATE FILE OR BIRTH NUMBER	
	OPAL DELAVENIA CENTER						139-22-004416	
	BIRTH DATE	Month February	Day 21,	Year 1922	BIRTH PLACE	City or Town	County Greenville	State SC

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	CHILD'S GIVEN NAME	OMITTED	OPAL DELAVENIA CENTER
	SEX OF CHILD	MALE	FEMALE

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. SIGNATURE OF PARENT (OR OTHER) *Opal C. Mullin*		RELATIONSHIP SELF
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 06/16/2006	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES 02/07/2007
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	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES

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. DAUGHTER'S BIRTH CERTIFICATE,#139-56-019889,COLUMBIA, SC	05/15/1956
	2. SAME AS #1	
	3.	
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE.	
	1. OPAL DELAVENIA CENTER AGE: 34 (MOTHER)	
	2. SAME AS #1	
	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.	REGISTRAR *Rena R. George*	EVIDENCE REVIEWED BY	DATE FILED 07-18-06

DHEC 0613 (Rev. 01/1997)