

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	STATE FILE OR BIRTH NUMBER
		Eleanor Deas	139-22-000545
BIRTH DATE	Month Day Year	CITY OR TOWN	COUNTY STATE
	January 25 1922	Charleston	Charleston S C
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Child's name	Annabelle Deas	Eleanor Deas
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.		RELATIONSHIP
	SIGNATURE OF PARENT (OR OTHER)		LISA ROSARIO
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON	SIGNATURE OF NOTARY	Notary Public, State of New Jersey
	October 9 1999		No. 2227254
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.		RELATIONSHIP
	SIGNATURE OF PARENT (OR OTHER)		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE		
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)		DATE ORIGINAL DOCUMENT WAS MADE
	1 Metropolitan Life Ins pol. #138441200 New York NY		Jan 08 1945
	2		
	3		
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE.		
	1 Eleanor Deas age NB 23 yrs		
	2		
	3		
	ADDITIONAL INFORMATION		
455	I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.		DATE FILED
	REGISTRAR	EVIDENCE REVIEWED BY	10-18-99