

0000456

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		STATE FILE OR BIRTH NUMBER
	Eleanor Deas		139-22-000545
BIRTH DATE	Month	Day	Year
	January	25	1922
BIRTH PLACE	City or Town		County
	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)	<i>Eleanor Deas</i>		LISA ROSARIO Notary Public, State of New Jersey No. 9927254 Qualified in Hudson County Commission Expires July 8, 2004
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES
	October 9 1999	<i>Lisa Rosario</i>	Commission Expires July 8, 2004
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			
455	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	EVIDENCE REVIEWED BY	DATE FILED
	<i>Jeanette Grayson</i>	<i>Jeanette Grayson</i>	10-18-99