2/12/23 F
03 CMC

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH	STATE FILE OR BIRTH NUMBER
	EARLINE JENKINS	139-22-051253

	Month	Day	Year		City or Town	County	State
BIRTH DATE	DEC	24	1922	BIRTH PLACE		ALLENDALE	SC

	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
ITEMS TO BE AMENDED OR CORRECTED	GIVEN NAME OF CHILD/ DATE OF BIRTH	RENNER / JAN 11 1923	EARLINE JENKINS/ DEC 24 1922
	SURNAME OF CHILD/FATHER	JANKINS	EARLINE JENKINS/ BOBBIE JENKINS
	GIVEN NAME OF FATHER	BARBIE	BOBBIE JENKINS

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. SIGNATURE OF PARENT (OR OTHER) *x Earline Ferguson*		RELATIONSHIP SELF
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON *Nov 16, 2001*	SIGNATURE OF NOTARY *Che M. Close*	NOTARY COMMISSION EXPIRES *Mar 23, 2010*
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

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 LAFFITTE & WARREN MEDICAL CENTER, NO #, ALLENDALE, SC	JUN 04 1952
	2 SIBLING'S BIRTH CERT #139-27-013031, ALLENDALE, SC	MAR 30 1927
	3 SAME AS #2	

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE.

1 EARLINE (JENKINS) FERGUSON DOB: DEC 24 1922
2 SURNAME OF FATHER: JENKINS
3 GIVEN NAME OF FATHER: BOBBIE JENKINS

ADDITIONAL INFORMATION

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I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.	REGISTRAR *Pepi g Hill*	EVIDENCE REVIEWED BY *Che M. Close*	DATE FILED *12-03-01*

DHEC 0613 (Rev. 01/1997)