ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
AFFIDAVIT TO CORRECT A RECORD

Identifying information about the registrant as it appears on the original record:

A. Name of Registrant: Hector Federico Estevane (as amended by supplement) File No. 169

C. Date { Birth ~~Death~~ April (Mo.) 18 (Day) 1927 (Year) D. Place: Gila (County) Miami (City)

	E. Item on Certificate	F. The following facts are incorrectly stated on original record:	G. The facts should be stated as follows to be correct:
1	Registrant's name	Hector Federico Estevane	Hector Frederick Estevane
2	Father's color or race	Mexican	White
3	Mother's color or race	Mexican	White
4			
5			
6			
7			
8			
9			

STATE OF California
COUNTY OF San Diego } ss.

I, the affiant, related as Father to the person named on line A of this document, do solemnly swear that to the best of my knowledge such corrections, as shown, are necessary to make this record correct.

AFFIANT'S SIGNATURE Isidro Estevane
Isidro Estevane

AFFIANT'S ADDRESS 4041 37th Street San Diego 16, California

(SEAL)

Subscribed and sworn to before me this 28 day of July 19 59

Notary Public M L Lonergan

My Commission Expires A 33367 - July 1/60 Address 3813 Ray Street

STATE OF California
COUNTY OF San Diego } ss.

I, the affiant, related as Mother to the person named on line A of this document, do solemnly swear that to the best of my knowledge such corrections, as shown, are necessary to make this record correct.

AFFIANT'S SIGNATURE Micaela C. Estevane
Micaela C. Estevane

AFFIANT'S ADDRESS 4041 37th Street San Diego 16, California

(SEAL)

Subscribed and sworn to before me this 28 day of July 19 59

855-418-431

Notary Public M L Lonergan

My Commission Expires July 1, 1960 Address 3813 Ray Street

VS 24 REV. 10-51