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: Patricia Joyce Dougherty B. File No. 164a

C. Date {Birth / ~~Death~~} Nov. (Mo.) 26, (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	Mother's birthplace:	Houston, Texas	Turnersville, Texas
2			
3			
4			
5			
6			
7			
8			
9			

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES } ss.

I, the affiant, related as Sister Aunt 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 Dorothy Davis Wilson

AFFIANT'S ADDRESS 123 E. Cobea, Compton 2 Calif.

(SEAL)

Subscribed and sworn to before me this 11 day of NOVEMBER 1952

Notary Public Laurel Felix Ritter

My Commission Expires My Commission Expires Mar. 2, 1955 Address 10850 Atlantic Ave,

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES } ss.

I, the affiant, related as Brother Uncle 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 Paul R. Davis

AFFIANT'S ADDRESS 8334 Burnet Ave, Sepulveda, Cal.

(SEAL)

Subscribed and sworn to before me this 11 day of NOVEMBER 1952

Notary Public Laurel Felix Ritter

My Commission Expires My Commission Expires Mar. 2, 1955 Address 10850 ATLANTIC AVE, LYNWOOD CALIF.

VS 24 5M 10-51