

**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 Cherril Woods B. File No. 202
 C. Date (Birth April 24, 1930 D. Place Gila Miami
~~DEATH~~ Mo. Day Year County 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 Child's name:	<u>Cherril Woods</u>	<u>Cherril Josephine Woods</u>
2 Father's name:	<u>Roy Grant Woods</u>	<u>Royal Grant Woods</u>
3 Mother's maiden name:	<u>Genevieve J. Jacobson</u>	<u>Genevieve Josephine Jacobson</u>
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Cherril Josephine Woods NF

STATE OF Arizona } I, the affiant, related as father to the
 COUNTY OF Maricopa } ss. 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 [Signature]

AFFIANT'S ADDRESS Thatcher Arizona

(SEAL)

Subscribed and sworn to before me this 10 day of May, 1952

Notary Public [Signature]

My Commission Expires March 10 - 1953 Address Thatcher Arizona

STATE OF Arizona } I, the affiant, related as Mother to the
 COUNTY OF Maricopa } ss. 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 Genevieve J. Jacobson Woods

AFFIANT'S ADDRESS Thatcher Arizona

(SEAL)

Subscribed and sworn to before me this 10 day of May, 1952

Notary Public [Signature]

My Commission Expires March 10 - 1953 Address Thatcher Arizona