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: Thelma Jean Fleming B. File No. 259

C. Date {Birth / ~~Death~~} 7 - 9 - 1931 (Mo. Day Year) D. Place: Maricopa County, Phoenix 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:	Thelma Jean Fleming	Aleen Ruth Fleming
2	Date of birth:	July 9, 1931	July 10, 1931
3	Father's name:	Jessie E. Fleming	Jesse Ervin Fleming
4			
5			
6			
7			
8			
9			

STATE OF Arizona
COUNTY OF Pima } ss.

I, the affiant, related as ✓ Half Brother 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: Swan W. Fleming

AFFIANT'S ADDRESS: P.O. Box 33, Ajo, Arizona

(SEAL)

Subscribed and sworn to before me this 24 day of April 1952

Notary Public: Muriel D. Lewis

My Commission Expires: My Commission Expires August 7, 1955 Address: 101 4th Ave

STATE OF ARIZONA
COUNTY OF Maricopa } ss.

I, the affiant, related as ✓ Half Brother 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: J.W. Carlin

AFFIANT'S ADDRESS: 2146 West Phoenix Ave, Phx

(SEAL)

Subscribed and sworn to before me this 28th day of April 1952

167-710-675 Notary Public: Naomi Gragg

VS 24 5M 10-51 My Commission Expires: 10-12-55 Address: Phoenix

Aleen Ruth Fleming NF