Arizona State Department of Health

DIVISION OF VITAL STATISTICS

State File No. 84

State of Arizona } ss.
County of Gila }

Affidavits for Correction of a Record

Mercedes Alvarez (Name of Affiant) of Winkelman, Arizona (Address)

being first duly sworn, deposes and says that ~~he~~/she is the mother (If related specify degree—If friend or otherwise, so state)

of Linor Alvarez { who was born / who died } in the City of Winkelman

County of Gila on January 17, 1933 (Month) (Day) (Year)

as stated in a certificate of birth/~~death~~ filed by Charles B. Huestis, M.D. (Give name of physician or midwife for birth—Undertaker for death)

with the Local Registrar for Winkelman ; Arizona, on Feb. 9, 1933 (Date)

That the following facts set forth in said certificate are not correctly stated therein, to-wit:

Child's name: Linor Alvarez

Father's name: Gregorio Alvarez

Mother's maiden name: Mercedes Rodriguez

That affiant upon ~~his~~/her own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows:

Child's name: Leonor Alvarez

Father's name: Gregorio Alvarez

Mother's maiden name: Mercedes Rodriguez

(Affiant) Mercedes Alvarez

(Address) Box 158, Winkelman, Arizona

Subscribed and sworn to before me this 31st day of December, 1947

Notary Public [illegible]

My Commission expires 3-17-50 Address Hayden, Arizona

State of Arizona } ss.
County of Gila }

Manuela Alvarez (Name of Affiant) of Winkelman, Arizona (Address)

Arizona, being first duly sworn, deposes and says that ~~he~~/she has knowledge of the facts hereinbefore alleged and that the said facts as stated therein are true.

(Affiant) Manuela Alvarez

(Address) Box 158, Winkelman, Arizona

Sister (If related specify degree—If friend or otherwise, so state)

Subscribed and sworn to before me this 31st day of December, 1947

Notary Public [illegible]

My Commission expires 3-17-50 Address Hayden Arizona

Form V. S. 1
20M—8-15-47

219-117-4199