

STATE OF ARIZONA  
ARIZONA DEPARTMENT OF HEALTH SERVICES  
Office of Vital Records

STATE FILE  
NO. 151

AMENDMENT TO VITAL RECORD

IDENTIFICATION OF REGISTRANT AND EVENT	NAME OF REGISTRANT A. FIRST <b>ELWOOD</b> B. MIDDLE  C. LAST <b>BREWER</b>	DATE OF EVENT MONTH <b>OCTOBER</b> DAY <b>1</b> YEAR <b>1933</b>	<input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> DEATH
	PLACE OF EVENT A. INSTITUTION OR STREET ADDRESS <b>FLORENCE CRITTENTON HOME</b> B. TOWN OR CITY <b>PHOENIX</b> C. COUNTY <b>MARICOPA</b> D. STATE <b>ARIZONA</b>		
DATA TO BE CHANGED (ITEM 4)	A. ITEM NO. AND IDENTIFICATION	B. ITEM APPEARS BEFORE AMENDMENT	C. ITEM APPEARS AFTER AMENDMENT
	1. <b>2. NAME OF CHILD</b>	<b>ELWOOD CALLIE</b>	<b>ELWOOD BREWER</b>
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
10.			

ABSTRACT OF DOCUMENTARY EVIDENCE

ABSTRACT OF DOCUMENTARY EVIDENCE (ITEM 5)	1. TYPE OF DOCUMENT <b>REQUEST TO CORRECT VITAL RECORD SIGNED</b> DATE ESTABLISHED <b>MAY 21, 1990</b> SUPPORTS THE FOLLOWING CLAIMS: <b>BY REGISTRANT</b>  <b>SUPPORTS CLAIM IN COLUMN C</b>
	2. TYPE OF DOCUMENT <b>COURT ORDER NAME CHANGE #CY-90-030 FROM</b> DATE ESTABLISHED <b>FEB 21, 1990</b> SUPPORTS THE FOLLOWING CLAIMS: <b>GILA COUNTY, ARIZONA</b>  <b>SUPPORTS CLAIM IN COLUMN C</b>
	3. TYPE OF DOCUMENT _____ DATE ESTABLISHED _____ SUPPORTS THE FOLLOWING CLAIMS: _____

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6. SUPPLEMENTARY ENTRIES

7. The vital record identified above has been amended according to the laws of this state and regulations of the Arizona Department of Health Services. Documentary evidence has been reviewed which substantiates the changes set forth.

DATE AMENDED <b>MAY 29, 1990</b>	AMENDMENT NO. <b>A90-195</b>	REGISTRAR'S SIGNATURE <i>Benjamin Landis</i>	TITLE <b>ASSISTANT STATE REGISTRAR</b>
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