UNITED STATES STAND

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 Nellie Joyce Blaine B. File No. 92

C. Date Birth July (Mo.) 29 (Day) 1934 (Year) D. Place Gila (County) Globe (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	Registrant's name	Nellie Joyce Blaine	Nellie Joyce Blain
2	Father's name	Harmon Blaine	Harmon Blain
3			
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6			
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8			
9			

STATE OF Arizona } ss.
COUNTY OF Pinal

I, the affiant, related as father 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 Harmon Blain

AFFIANT'S ADDRESS Box 273 Mammoth, Ariz

(SEAL)

Subscribed and sworn to before me this 1st day of October 1959

Notary Public Carolyn Owen

525-729-532

My Commission Expires 1-29-62 Address Box 163 Mammoth Ariz.

STATE OF Arizona } ss.
COUNTY OF Pinal

I, the affiant, related as mother 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 Veda Blain

AFFIANT'S ADDRESS Box 273 Mammoth Arizona

(SEAL)

Subscribed and sworn to before me this 1st day of October 1959

Notary Public Carolyn Owen

My Commission Expires 1-29-62 Address Box 163 Mammoth Arizona

VS 24 REV. 10-51