

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 Josefila Olivares Garcia B. File No. ---
C. Date Birth October 25 1906 D. Place Cochise Tombstone
~~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 Sex of Registrant	M	Female
2 Father's age at time of this birth	(Omitted)	36
3 Father's occupation	(Omitted)	Flour Mill Worker
4 Mother's age at time of this birth	(Omitted)	26
5		
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7		
8		
9		

STATE OF California }
COUNTY OF Los Angeles } ss. I, the affiant, related as Sister 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 Rosa M. Ramirez
AFFIANT'S ADDRESS 6219 Millux Ave Pico Rivera California
Subscribed and sworn to before me this 10 day of June 1962

Notary Public Carroll A. Herold
Address 6512 Hannon St Bell Gardens Calif
My Commission Expires SEP. 12, 1964

STATE OF California }
COUNTY OF Los Angeles } ss. I, the affiant, related as Husband 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 Lester A. Martin
AFFIANT'S ADDRESS 6949 Hannon St Bell Gardens, California
Subscribed and sworn to before me this 2nd day of June 1962
171
1025
867

Notary Public Corene M. Whetzell
Address 6399 E. Florence Avenue, Bell Gardens, Calif
My Commission Expires March 3, 1966

(2028)