

Damaged Document(s)

ARIZONA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS AFFIDAVIT TO CORRECT A RECORD

Information about the registrant as it appears on the original record:

Name of Registrant Vesante Sanchez B. File No. 120
 Month April Day 6 Year 1924 D. Place Gila County Inspiration
Mo. Day Year County City

Item on Certificate	F. The following facts are incorrectly stated on original record:	G. The facts should be stated as follows to be correct:
Registrant's name	<u>Vesante Sanchez</u>	<u>Vicente Sanchez</u>
Father's name	<u>Gurcharmo Sanchez</u>	<u>Guillermo Sanchez</u>
Mother's maiden name	<u>Cartoba Gerrero</u>	<u>Carlota Guerrero</u>

TEXAS } I, the affiant, related as AUNT to the
EL PASO } ss. 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 [Signature]

AFFIANT'S ADDRESS 4334 Gratian St Los Angeles 22, Calif

Subscribed and sworn to before me this 29th day of April 19 58

Notary Public [Signature]
SOCORRO ELGUERA

My Commission Expires JUNE 1, 1959 Address 810 S. El Paso St., El Paso

TEXAS } I, the affiant, related as COUSIN to the
EL PASO } ss. 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 [Signature]

AFFIANT'S ADDRESS 7832 La Senda El Paso Texas

Subscribed and sworn to before me this 29th day of April 19 58

Notary Public [Signature]
SOCORRO ELGUERA

My Commission Expires June 1 1959 Address 810 S. El Paso St., El Paso, Texas.

529-406-376