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 George Espinosa B. File No. 153

C. Date { Birth / Death April (Mo.) 9 (Day) 1925 (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	Child's name:	George Espinosa	Georgia Espinosa
2	Sex :	Male	Female
3			
4			
5			
6			
7			
8			
9			

STATE OF Arizona
COUNTY OF Maricopa } ss.

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 Georgia Espinosa

AFFIANT'S ADDRESS 231 N.Flower St. Los Angeles, Calif.

(SEAL)

Subscribed and sworn to before me this 11 day of July, 1952

Notary Public Florence Bart

My Commission Expires My Commission Expires Jan. 26, 1956 Address Phoenix, Arizona

STATE OF Arizona
COUNTY OF Maricopa } 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 Ignacio Aguilar Soto

AFFIANT'S ADDRESS 149 North Grand Ave., Los Angeles, Calif.

(SEAL)

Subscribed and sworn to before me this 11 day of July, 1952

Notary Public Florence Bart

VS 24 5M 10-51 My Commission Expires My Commission Expires Jan. 26, 1956 Address Phoenix, Ariz.