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 Socorra Castenada B. File No. 112

C. Date { Birth / Death } Dec. (Mo.) 7, (Day) 1928 (Year) D. Place Gila (County) Miami (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:	Socorra Castenada	Socorro Castaneda
2	Father's name:	Juan Castenada	Vidal Castaneda
3	Mother's birthplace:	Magistral, Sonora, Mex.	Magistral Del Oro, Durango
4			Mexico
5			
6			
7			
8			
9			

STATE OF Arizona
COUNTY OF Gila } ss.

I, the affiant, related as Uncle 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 Willie Castaneda

(SEAL)

AFFIANT'S ADDRESS Box 1284 Miami Ariz.

Subscribed and sworn to before me this 4 day of August, 1952

Notary Public J D Cbevenger

My Commission Expires June 29/53 Address Miami Ariz

STATE OF Arizona
COUNTY OF Gila } ss.

I, the affiant, related as Aunt 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 Odern Castaneda

(SEAL)

AFFIANT'S ADDRESS Box 1284 Miami Ariz.

Subscribed and sworn to before me this 4 day of August, 1952

Notary Public J D Cbevenger

My Commission Expires Jun 29 1953 Address Miami Ariz

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Socorro Castaneda NF

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