

**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 Lloyd Carson Edmondson B. File No. 139  
 C. Date April 11 1929 D. Place Gila Globe  
Birth 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	Child's name	Lloyd Carson Edmondson	Loyde Carson Edmonson
2	Father's name	Lloyd Cecil Edmondson	Loyde Cecil Edmonson
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STATE OF Arizona } I, the affiant, related as Uncle to the  
 COUNTY OF Pima } 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 Eugene W. Carson

AFFIANT'S ADDRESS Box 123 Inop. Ariz.

Subscribed and sworn to before me this 4th day of Jan, 1956

Notary Public Edna M. Carson

My Commission Expires Jan. 14, 1956 Address 1419 E. Silver, I

STATE OF Arizona } I, the affiant, related as Aunt to the  
 COUNTY OF Pima } 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 Edna M. Carson

AFFIANT'S ADDRESS 2530 N. Sabuana Tucson, Ariz.

Subscribed and sworn to before me this 4th day of Jan, 1956

Notary Public Edna M. Carson

My Commission Expires Jan. 14, 1956 Address 1419 E. Silver