

**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 Montee Hinton B. File No. 217A
 C. Date { Birth May 9 1939 D. Place Graham Fort Thomas
 { 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	Child's name	Montie Hinton	Montee Hinton
2	Sex of child	male	female
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7			
8			
9			

STATE OF Arizona } I, the affiant, related as Mother to the
 COUNTY OF Graham } 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 Hinton

AFFIANT'S ADDRESS 711. Thomas, Ariz

Subscribed and sworn to before me this 25th day of July, 1956

Notary Public Go Dean Glover

My Commission Expires March 25, 1957 Address Safford, Arizona

STATE OF Arizona } I, the affiant, related as Father to the
 COUNTY OF Graham } 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 Lee Hinton

AFFIANT'S ADDRESS 711. Thomas, Ariz

Subscribed and sworn to before me this 25th day of July, 1956

Notary Public Go Dean Glover

My Commission Expires March 25, 1957 Address Safford, Arizona

(SEAL)

(SEAL)

485-529-545