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

439

Identifying information about the registrant as it appears on the original record:

A. Name of Registrant Major Singleton B. File No. 439

C. Date ~~Birth~~ Death January (Mo.) 4, (Day) 1952 (Year) D. Place Maricopa (County) Phoenix (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	Age:	59yrs 9 mos. 27 days.	60 yrs. 9 mos. 27 days
2			
3			
4			
5			
6			
7			
8			
9			

STATE OF Arizona } ss.
COUNTY OF Maricopa }

I, the affiant, related as ~~Talk~~ Son 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.

(1) AFFIANT'S SIGNATURE X Alcapus Singleton

AFFIANT'S ADDRESS 1108 W. Magnolia - Phoenix

(SEAL)

Subscribed and sworn to before me this 8th day of January, 1952

Notary Public Ophelia Sandoval

My Commission Expires 12-29-54 Address Phoenix

STATE OF Arizona } ss.
COUNTY OF Maricopa }

I, the affiant, related as Son 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.

(2) AFFIANT'S SIGNATURE X Lloyd Singleton

AFFIANT'S ADDRESS San Francisco, Calif.

(SEAL)

Subscribed and sworn to before me this 8th day of January, 1952

Notary Public Ophelia Sandoval

VS 24 5M 10-51 My Commission Expires 12-29-54 Address Phoenix