

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

OK

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

A. Name of Registrant William Henry Brewer B. File No. 762
 C. Date of ~~Birth~~ February 12 1954 D. Place Gila Miami
 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	Date of Birth:	Sept. 12, 1874	Sept. 7, 1874
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STATE OF Ariz }
 COUNTY OF 9712 } ss. I, the affiant, related as (NONE) Turner Home 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 Thos. C. Miles

AFFIANT'S ADDRESS 309 Pine Oak St. Miami, Arizona

Subscribed and sworn to before me this 29th day of March 1954

Notary Public Ollie M. Casper

My Commission Expires 2-11-58 Address Box 1326, Miami Ariz

STATE OF Ariz }
 COUNTY OF 9112 } ss. I, the affiant, related as None. Turner Director 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 [Signature]

AFFIANT'S ADDRESS 309 Pine Oak St. Miami, Arizona

Subscribed and sworn to before me this 28th day of March 1954

Notary Public Ollie M. Casper

My Commission Expires Feb 14, 1958 Address Box 1326 Miami Ariz