ARIZONA STATE BOARD OF HEALTH

Vol. 8-28 # 129

BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original).

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*.....

Place of Birth (Registration District) Globe County Gila No. ..... St.

SEX OF CHILD*	Twin / Triplet / or other?	and	Number* in order of birth
Male			

DATE OF BIRTH* August 13th 1928
(Month) (Day) (Year)

FULL* NAME — FATHER: Domenic Revello

FULL* MAIDEN NAME — MOTHER: Lucy Caretto

I HEREBY CERTIFY that the child described herein has been named

John Revello
(Given name in full) (Surname)

x Domenick Revello
(Father's or Mother's Signature)

x R D Kennedy
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

This supplement beneath the original.

Correcting father's name 12-4-25 196-83-336