

INC
A PERMANENT RECORD
LET U.S. must be made for each, and the number of each in
order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 129
Registered No. 147

SUPPLEMENT ATTACHED
1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Revells { If child is not yet named, make supplemental report, as directed.

3. Sex of Child m. To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes
5. No., in order of birth 1 7. Date of birth Aug 13 1928
Month Day Year

8. FATHER
Full name John Revells
9. Residence (Usual place of abode) Globe
If non-resident, give place and state.
10. Color or race W
11. Age at last birthday 47 (Years)
12. Birthplace (city or place) Italy
(State or country)
13. Occupation mechanic
Nature of industry

14. MOTHER
Full maiden name Lucy Paetti
15. Residence (Usual place of abode) Globe
If non-resident, give place and state.
16. Color or race W
17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Italy
(State or country)
19. Occupation housewife
Nature of industry

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living _____
(b) Born alive but now dead _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 11:30 a.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature R. W. Kennedy
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____
Address Globe, Ariz
Filed 9/13 1928 G. E. Wylie
Registrar

196-813-336