

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

State File No. 187
 Registered No. 269

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____

2. Full name of child Harold Wells Fritz (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____	6. Legitimate? <u>yes.</u>	7. Date of birth <u>10-21-25</u> Month Day Year
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8. FATHER
 Full name August John Fritz
 9. Residence (Usual place of abode) Globe Arizona
 If non-resident, give place and state.
 10. Color or race white
 11. Age at last birthday 53 (Years)
 12. Birthplace (city or place) Germany
 (State or country)
 13. Occupation Auto mechanic
 Nature of industry

14. MOTHER
 Full maiden name Pauline Alma Wells
 15. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.
 16. Color or race white
 17. Age at last birthday 34 (Years)
 18. Birthplace (city or place) Sulphur Springs Texas
 (State or country)
 19. Occupation housewife
 Nature of industry

20. Number of children of this mother <u>1</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes.</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:45 p.m. on the date above stated
 (Born alive or otherwise.)

*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 W. W. Horsch
Globe Ariz. (Physician or midwife)

Given name added from a supplemental report _____ Address _____
 Month, day, year _____
 Filed 10/31 25 W. W. Horsch Registrar

Registrar
869-1021-762

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF MORE THAN ONE CHILD AT BIRTH, A SEPARATE RETURN MUST BE MADE IN EACH, AND THE NUMBER OF BIRTH STATED.