

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

State File No. 215
 Registered No. 193

1. PLACE OF BIRTH

County Gila State Ariz.
 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 Vern Carl Fetz (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes. 7. Date of birth 8-27-26
Month Day Year

8. FATHER
 Full name Paul Winkler Fetz
 9. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.
 10. Color or race white
 11. Age at last birthday 29 (Years)
 12. Birthplace (city or place) Lincoln Nebraska
(State or country)
 13. Occupation
 Nature of Industry Electrician

14. MOTHER
 Full maiden name Rose Jean Risky
 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 28 (Years)
 18. Birthplace (city or place) Chicago Illinois
(State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (b) Born alive but now dead 0
 (c) Stillborn 0
 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 6:12 A m. on the date above stated
(Born alive or stillborn.)

Signature C. W. Adams
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Globe Ariz.
 Month, day, year _____
 Filed 8-31 1926 St. J. Host
 Registrar Registrar

If more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of birth stated.

569-827-998