

WHEN IMPRESSED WITH THE SEAL OF THE CITY OF FORT WORTH,  
THIS IS CERTIFIED TO BE A TRUE COPY OF THE PERMANENT  
RECORD AS FILED IN THE BUREAU OF VITAL STATISTICS.

ISSUED **JUL 29 1985**

*Geraldine R. Harris*  
LOCAL REGISTRAR

| STATE OF TEXAS                                                                                                                                                                                                                                                                                       |                                                   | BUREAU OF VITAL STATISTICS<br>STANDARD CERTIFICATE OF BIRTH        |                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------|
| COUNTY OF <u>Tarrant</u>                                                                                                                                                                                                                                                                             |                                                   |                                                                    |                                               |
| CITY OR PRECINCT NO. <u>Ft. Worth, Texas - St. Joseph's Hosp.</u>                                                                                                                                                                                                                                    |                                                   | GIVE STREET AND NUMBER OR NAME OF INSTITUTION                      |                                               |
| 3. FULL NAME OF CHILD <u>Donna Kay Mettler</u>                                                                                                                                                                                                                                                       |                                                   |                                                                    |                                               |
| RESIDENCE OF THE MOTHER                                                                                                                                                                                                                                                                              | STREET AND NO. <u>108 Vinson</u>                  | CITY <u>Arlington</u>                                              | COUNTY <u>Tarrant</u> STATE <u>Tex.</u>       |
| 1. SEX<br><u>Female</u>                                                                                                                                                                                                                                                                              | FOR PLURAL BIRTHS ONLY<br>4. TWIN, TRIPLET, OTHER | 5. NUMBER IN ORDER OF BIRTH                                        | 6. LEGITIMATE? <u>Yes</u>                     |
|                                                                                                                                                                                                                                                                                                      |                                                   |                                                                    | 7. DATE OF BIRTH<br><u>December, 29, 1947</u> |
| 8. FULL NAME <u>Charles Leslie Mettler</u>                                                                                                                                                                                                                                                           |                                                   | 14. FULL MAIDEN NAME <u>Luci Dean Richardson</u>                   |                                               |
| SOCIAL SECURITY NUMBER                                                                                                                                                                                                                                                                               |                                                   | SOCIAL SECURITY NUMBER                                             |                                               |
| 10. POSTOFFICE ADDRESS <u>108 Vinson, Arlington, Tex.</u>                                                                                                                                                                                                                                            |                                                   | 15. POSTOFFICE ADDRESS <u>Same</u>                                 |                                               |
| 10. COLOR OR RACE <u>White</u>                                                                                                                                                                                                                                                                       | 11. AGE AT LAST BIRTHDAY <u>23</u> (YEARS)        | 16. COLOR OR RACE <u>White</u>                                     | 17. AGE AT LAST BIRTHDAY <u>21</u> (YEARS)    |
| 12. BIRTHPLACE (STATE OR COUNTRY) <u>Waco, Tex.</u>                                                                                                                                                                                                                                                  |                                                   | 13. BIRTHPLACE (STATE OR COUNTRY) <u>Waco, Tex.</u>                |                                               |
| 18A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Salesman</u>                                                                                                                                                                                                                                          |                                                   | 18A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Wife</u>            |                                               |
| 18B. INDUSTRY OR BUSINESS IN WHICH ENGAGED <u>Lone-Star-Gas</u>                                                                                                                                                                                                                                      |                                                   | 18B. INDUSTRY OR BUSINESS IN WHICH ENGAGED <u>1</u>                |                                               |
| 20. NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THIS BIRTH <u>1</u>                                                                                                                                                                                                                             |                                                   | 21. NUMBER OF CHILDREN BORN TO THIS MOTHER AND NOW LIVING <u>1</u> |                                               |
| SIGNATURE OF INFORMANT <u>Chas. L. Mettler</u>                                                                                                                                                                                                                                                       |                                                   | ADDRESS OF INFORMANT <u>108 Vinson, Arlington, TEXAS</u>           |                                               |
| 22. CERTIFICATION<br>I HEREBY CERTIFY, TO THE BIRTH OF THIS CHILD BORN ALIVE AT <u>10:15 AM</u> M. ON THE ABOVE DATE<br>AND THE PROPHYLACTIC USED TO PREVENT OPHTHALMIA NEONATORUM WAS<br><u>12-29-1947</u> <u>P.M. Mettler</u> M.D. <u>Winston</u> TEXAS<br>DATE SIGNATURE OTHER POSTOFFICE ADDRESS |                                                   |                                                                    |                                               |
| 23. FILE NUMBER <u>194</u>                                                                                                                                                                                                                                                                           | FILE DATE <u>194</u>                              | SIGNATURE OF LOCAL REGISTRAR <u>Joia Druff</u>                     | POSTOFFICE ADDRESS <u>Fort Worth TEXAS</u>    |