SUPPLEMENT ATTACHED

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

State File No. .....
Registered No. 16

1. PLACE OF BIRTH

County: Maricopa State: Arizona
District or Township: ..... or Village: Wickenburg Ariz
City: ..... No. Wickenburg Hospital St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Ray Allen Moore (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: Single
5. No., in order of birth: 1st
6. Legitimate? yes
7. Date of birth: Sept 5 1921 (Month Day Year)

8. FATHER
Full name: J. Kermie Moore
9. Residence (Usual place of abode): Aquila
If non-resident, give place and state: Ariz
10. Color or race: White
Age at last birthday: 24 (Years)
12. Birthplace (city or place): Kern County
(State or country): California
13. Occupation: ~~House~~ Miner
Nature of industry: Labor

14. MOTHER
Full maiden name: Nellie Rush
15. Residence (Usual place of abode): Aquila
If non-resident, give place and state: Arizona
16. Color or race: White
17. Age at last birthday: 24 (Years)
18. Birthplace (city or place): Tillamuck
(State or country): Oregon
19. Occupation: House wife
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: 1
(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 Alive (Born alive or stillborn.) at 5:40 p.m. on the date above stated

* 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: J. A. Copeland M.D.
(Physician or midwife).

Given name added from a supplemental report ..... Month, day, year

Address: Wickenburg

Filed Sept 7, 1921 J. A. Copeland Registrar

..... Registrar

945-905-598.