

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Yuma District of Yuma Town of Yuma or Yuma City of Yuma No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

State Index No. 164  
County Registrar No. 458  
Local Registrar No. \_\_\_\_\_

2. Full name of child Ray V. Moeller (If birth occurred in a hospital or institution, give its NAME instead of street and number) 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 7 14 23 Month Day Year

8. FATHER Full name <u>Vollin Moeller</u> 9. Residence (Usual place of abode) <u>Pies.</u> If nonresident, give place and state <u>Ariz.</u> 10. Color or race <u>W</u> 11. Age at last birthday <u>34</u> (Years)	14. MOTHER Full maiden name <u>Hulda Webber</u> 15. Residence (Usual place of abode) <u>Pies</u> If nonresident, give place and state <u>Ariz.</u> 16. Color or race <u>W</u> 17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) <u>Victoria Texas</u> (State or country)	18. Birthplace (city or place) <u>Victoria Arizona</u> (State or country)
13. Occupation Nature of industry <u>Sealman</u>	19. Occupation Nature of industry <u>W. W.</u>

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (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 11.05 m. on the date above stated.

Signature D. E. W. [unclear] (Physician or midwife)  
Address 666 [unclear]

Given name added from a supplemental report \_\_\_\_\_ Month, day, year. Filed 7-20 1923 J.B.S. Jay Local Registrar.  
Filed 8-5 1923 B. G. [unclear] County Registrar.

949-716-969