

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF VENTURA
 VENTURA, CALIFORNIA

N	STATE FILE NUMBER	563			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	5600 5377
	STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH					
THIS CHILD	1A. NAME OF CHILD—FIRST NAME	Douglas	1B. MIDDLE NAME	Garry	1C. LAST NAME	Mueller
	2. SEX	Male	3A. THIS BIRTH, SINGLE, TWIN, OR TRIPLETT	Single	3B. IF TWIN OR TRIPLETT, THIS CHILD BORN 1ST, 2ND, 3RD	
PLACE OF BIRTH	4A. DATE OF BIRTH—MONTH, DAY, YEAR	December 30, 1965		4B. HOUR	7:45 A. M.	
	5A. PLACE OF BIRTH—NAME OF HOSPITAL	St. John's Hospital	5B. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)	333 North "F" Street <input checked="" type="checkbox"/> CITY <input type="checkbox"/> RURAL <input type="checkbox"/> PORTLAND		
MOTHER OF CHILD	5C. CITY OR TOWN	Oxnard	5D. COUNTY	Ventura		
	6A. MAIDEN NAME OF MOTHER—FIRST NAME	Charlotte	6B. MIDDLE NAME	6C. LAST NAME	Neumann	
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	7. COLOR OR RACE OF MOTHER	Caucasian				
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) YEARS	28	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Germany		
FATHER OF CHILD	10. MAILING ADDRESS OF MOTHER—(IF DIFFERENT FROM USUAL RESIDENCE—FOR NOTIFICATION OF BIRTH REGISTRATION)	Same				
	11A. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)	364 Alostia Drive		11B. IF INSIDE CORPORATE LIMITS CHECK ONE <input checked="" type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM	11C. STATE	
INFORMANT'S CERTIFICATION	11C. CITY OR TOWN	Camarillo		11D. COUNTY	Ventura	
	12A. NAME OF FATHER—FIRST NAME	Wilhelm	12B. MIDDLE NAME	12C. LAST NAME	Mneller	
ATTENDANT'S CERTIFICATION	13. COLOR OR RACE OF FATHER	Caucasian				
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) YEARS	32	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Switzerland		
REGISTRAR'S CERTIFICATION	16A. PRESENT OR LAST OCCUPATION	Industrial Engineer		16B. KIND OF INDUSTRY OR BUSINESS		
	17A. PARENT OR OTHER INFORMANT—SIGNATURE (PRINT NAME)	Charlotte Mueller		17B. DATE SIGNED BY INFORMANT		
INFORMANT'S CERTIFICATION	17B. DATE SIGNED BY INFORMANT	12/30/65		18A. ADDRESS		
	18A. ADDRESS	2068 Ventura Blvd., Camarillo				
ATTENDANT'S CERTIFICATION	18B. ADDRESS	2068 Ventura Blvd., Camarillo				
	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT	20. LOCAL REGISTRAR—SIGNATURE				
REGISTRAR'S CERTIFICATION	21. DATE RECEIVED BY LOCAL REGISTRAR	JAN 10 1966				

CAVENTUR02



CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF VENTURA

This is a true and exact reproduction of the document officially registered and placed on file with the Ventura County Clerk and Recorder.

DATE ISSUED APR 26 2022

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Clerk and Recorder.



001057284

Mark A. Lunn
 MARK A. LUNN
 COUNTY CLERK AND RECORDER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF VENTURA
 VENTURA, CALIFORNIA

N	STATE FILE NUMBER	563		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	5600 5377	
	CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH					
THIS CHILD	1A. NAME OF CHILD—FIRST NAME	Douglas	1A. MIDDLE NAME	Garry	1C. LAST NAME	Mueller
	2. SEX	Male	3A. THIS BIRTH, SINGLE, TWIN, OR TRIPLET?	Single	3B. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	
PLACE OF BIRTH	4A. DATE OF BIRTH—MONTH, DAY, YEAR	December 30, 1965		4B. HOUR	7:45 A. M.	
	5A. PLACE OF BIRTH—NAME OF HOSPITAL	St. John's Hospital		5B. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)	333 North "F" Street	
MOTHER OF CHILD	5C. CITY OR TOWN	Oxnard		5D. COUNTY	Ventura	
	6A. MAIDEN NAME OF MOTHER—FIRST NAME	Charlotte	6B. MIDDLE NAME	Neumann	6C. LAST NAME	Neumann
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	7. COLOR OR RACE OF MOTHER	Caucasian		8. AGE OF MOTHER (AT TIME OF THIS BIRTH) YEARS	28	
	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Germany		10. MAILING ADDRESS OF MOTHER—IF DIFFERENT FROM USUAL RESIDENCE FOR NOTIFICATION OF BIRTH REGISTRATION	Same	
FATHER OF CHILD	11A. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)	364 Alosta Drive		11B. IF INSIDE CORPORATE LIMITS CHECK ONE: <input checked="" type="checkbox"/> CHECK HERE <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM		
	11C. CITY OR TOWN	Camarillo		11D. COUNTY	Ventura	
INFORMANT'S CERTIFICATION	12A. NAME OF FATHER—FIRST NAME	Wilhelm	12B. MIDDLE NAME	Willy	12C. LAST NAME	Mueller
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) YEARS	32	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Switzerland	16A. PRESENT OR LAST OCCUPATION	Industrial Engineer
ATTENDANT'S CERTIFICATION	13. COLOR OR RACE OF FATHER	Caucasian		16B. KIND OF INDUSTRY OR BUSINESS	Research	
	17A. PARENT OR OTHER INFORMANT—SIGNATURE (PRINT NAME)	Charlotte Mueller		17B. DATE SIGNED BY INFORMANT	12/30/65	
REGISTRAR'S CERTIFICATION	18A. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THE BIRTH) SIGNATURE (PRINT NAME)	D. Rowing		18B. ADDRESS	2068 Ventura Blvd., Camarillo	
	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT	20. LOCAL REGISTRAR—SIGNATURE	Frank E. Gallison, M.D.		21. DATE RECEIVED BY LOCAL REGISTRAR	JAN 10 1966

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