

ARIZONA STATE BOARD OF HEALTH

State File No. **00139**

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

Registered No. **70**

1. PLACE OF BIRTH

County **Yuma** State **Arizona**
Township _____ or Village _____
City **Hayden** No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child **Andrew Houston Crane** (If child not yet named, make supplemental report, as directed)

3. Sex **Male** 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimacy **ma**
If plural births _____ 5. Number, in order of birth _____ Full term _____ 8. Date of birth **Feb 25 1931**
(Month, day, year)

9. Full name of FATHER **Andrew Houston Crane**
10. Residence (usual place of abode) **Hayden**
(If nonresident, give place and State)

16. Full name of MOTHER **Esther Klueger**
17. Residence (usual place of abode) **Hayden**
(If nonresident, give place and State)

11. Color or race **White** 12. Age at last birthday **42** (Years)

20. Color or race **White** 21. Age at last birthday **25** (Years)

13. Birthplace (city or place) **Chanca Co Tex**
(State or country)

22. Birthplace (city or place) **Yonkers**
(State or country) **Kansas**

14. Trade, profession, or particular kind of work done, as **Pharmacist**
sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as **Housewife**
typist, nurse, clerk, etc.

15. Industry or business in which work was done, as **Opium Mill**
sawmill, bank, etc.

24. Industry or business in which work was done, as **own home**
lawyer's office, silk mill, etc.

18. Date (month and year) last engaged in this work _____ 19. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living **2** (b) Born alive but now dead **0** (c) Stillborn **0**

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____
Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at **5:45** a. m. on the date above stated (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) **Charles H. Kuestel**, M.D.

Given name added from a supplemental report _____ (Date of) _____

or _____ Midwife
Address **Hayden Ariz**

Filed **Feb 28 1931** **W.P.D. Hub**
Registrar Registrar

136-225-529