ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 3594
Registered No. 702
Arizona

PLACE OF BIRTH

County: Pima State Arizona

Township: or Village:

City: Tucson No. The Stark's Nest St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Harry Elster (If child is not yet named, make supplemental report, as directed)

3. Sex: Male

If plural births: 4. Twin, triplet, or other: 5. Number, in order of birth:

6. Premature: Full term: Yes

7. Legitimate: Yes

8. Date of birth: July 20, 1934 (Month, day, year)

FATHER

9. Full name: Nathan Elster

10. Residence (usual place of abode) (If non-resident, give place and State): 445 S. 3rd St.

11. Color or race: Jew

12. Age at last birthday: (Years)

13. Birthplace (city or place) (State or country): Poland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own Business

16. Date (month and year) last engaged in this work: 19

17. Total time (years) spent in this work: 16 yrs.

MOTHER

18. Full maiden name: Jessie Jault

19. Residence (usual place of abode) (If non-resident, give place and State): Same

20. Color or race: Jewish

21. Age at last birthday: 38 (Years)

22. Birthplace (city or place) (State or country): Poland

OCCUPATION

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

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

25. Date (month and year) last engaged in this work: 19

26. Total time (years) spent in this work:

27. Number of children of this mother (At time of this birth and including this child): 4 (a) Born alive and now living: 4 (b) Born alive but now dead: (c) Stillborn:

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 Born Alive (Born alive or stillborn) at 4:27 P.M. on the date above stated

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

(Signed) Mrs. Elsie Clyne, M. D.

or Midwife

Address

Given name added from a supplemental report (Date of)

Registrar

Filed 8-22-34, 19 Dennis W. Hurand M.D. Registrar

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.

COSM 2-8-33 M-47971

869-720-373