

PLACE OF BIRTH
County of Pima
District of _____
Town of _____
or _____
City of Tucson

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 518

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. _____

Local Registrar's No. _____

FULL NAME OF CHILD Robert Frederick Guerninger Born NO
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive YES

| | | | | | |
|-----------------------------------|---|-------------------------|---|---|--|
| Sex of Child <u>Male</u> | Twin, Triplet or other _____ | and _____ | Number in order of birth _____ | Legitimate? <u>yes</u> | Date of Birth <u>2-28-20</u> (Month) (Day) (Yr.) |
| FATHER | | | MOTHER | | |
| Full Name <u>Louis Guerninger</u> | Residence <u>612 E 1st</u> | | Full Maiden Name <u>Olivia Blane</u> | Residence <u>612 E 1st</u> | |
| Color or Race <u>Am.</u> | Age at last Birthday <u>26</u> (Years) | Birthplace <u>Texas</u> | Color or Race <u>Am.</u> | Age at last Birthday <u>26</u> (Years) | Birthplace <u>Arizona</u> |
| Occupation <u>Civil Engineer</u> | Number of child of this mother <u>2</u> | | Number of Children, of this mother, now living <u>2</u> | | Were precautions taken against Ophthalmia neonatorum? <u>yes</u> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 2/28 1920 at _____ M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Madeleine
(Attending physician, midwife, householder*)

Given or Christian name added from a supplemental report _____ 191_____

Address _____

Filed 3-1 1920

Madeleine
LOCAL REGISTRAR.

979-228-625
COUNTY REGISTRAR.

A True Copy
Filed MAR 10 1920

Edw. J. L...
COUNTY REGISTRAR.