4777

Supplement attached

ARIZONA TERRITORIAL BOARD OF HEALTH

PLACE OF BIRTH

County of Maricopa

District of

Town of

or

City of Phoenix

BUREAU OF VITAL STATISTICS. Ter. Index No. 154

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 298

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Robert William Goldwater { Born Alive } YES NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number; in order of birth	Legitimate?	Date of Birth
Male	—			yes	July 4 1910 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Barry Goldwater	Full Maiden Name	Williams
Residence	North Cecilia St.	Residence	North Cecilia St
Color or Race	White	Color or Race	White
Age at last Birthday (Years)		Age at last Birthday (Years)	
Birthplace		Birthplace	
Occupation	Merchant	Occupation	House wife

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS AUG 11 1910

Number of child of this mother: 2 | Number of children, of this mother, now living: 2 | Were Precautions taken against Ophthalmia Neonatorum? Nitrate Cleanlonas

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, 19, at M

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

(Signature) Nine Wylie (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 191

Address Phoenix

Filed July 9 1910 H K Branchamp LOCAL REGISTRAR.

Filed July 14 1910 H A Hughes COUNTY REGISTRAR.

COUNTY REGISTRAR

999-704-162

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. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days after birth.