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44633

Form 1.

STATE OF NEW YORK

County of Westchester

In the Town (Village) City of Mt. Kisco

Registered No.



# BIRTH RETURN.

(In full when possible.)

FOR GENEALOGICAL RESEARCH ONLY

1. Name of Child.....
2. Sex. Male Color or Race, if other than the White } Date of Birth Nov. 6 1892  
(If city, give name, street and number; if not, give township, (village,) and county.)
3. Place of Birth Mt. Kisco
4. Name of Father George York { If out of wedlock and name not given, write O. W. }
5. Maiden and full Name of Mother } Annie Cutter York
6. Birthplace (or Country) of Father N. York Age 26 Occupation Laborer
7. Birthplace (or Country) of Mother N York Age 24
8. Number of this Mother's Previous Children 3 How many of them now Living 1
9. Name and address of Medical Attendant or other Authorized person, in own handwriting, } R. A. Deque  
Attest, Mt. Kisco, N.Y.
10. Date of this Return Nov. 8-92