CERTIFIED TRANSCRIPT OF BIRTH





DEPARTMENT OF HEALTH

FULL NAME OF CHILD: (No Name) Regan

SEX: Female

DATE OF BIRTH: November 28, 1892

TIME OF BIRTH: Not given] A.M. []P.M.

PLACE OF BIRTH: Somers , NEW YORK

MAIDEN NAME OF MOTHER: Kate Towey

NAME OF FATHER: Patrick Regan

DATE FILED: November 28, 1892

LOCAL REGISTRATION NO .: Page 25

This is to certify that the information concerning the birth of the above named person is a true and accurate transcription of the information recorded on the original local certificate of birth on file with the local registrar Somers New York.

Name of Locality

Signature of Local Registrar

Kathleen R. Pacella

March 29, 2011

this transcript unless the raised seal of the issuing locality is affixed thereon.

Any Alteration Invalidates This Certificate See Reverse Side For A List of Security Features Used In This Form

DOH-2673 (9/2002)