SCIT OF NEW YORK. PHENEST OF HEALTH.

STATE OF NEW YORK. CERTIFICATE AND RECORD OF BIRTH

No. of Certificate,

1042

11

e of Chil		Father's	
EK .	TV.	Occupation	Week
	A	Mother's Name	Catherine reur
of .	Dic. 21 1005	Mother's Name before Marriage	
Birth, I No.	355 165 5	Mother's Residence	Jame
7	nomas F. revois	Mother's Birthplace	U.S.
8 00	Laure	Mother's Age	21
9	U.S.	Number of previous Children	
•	48	How many now living (in all)	6
nd add king th	ress of person Signature, of signature,	Francis -	Magillegin by
	Residence,		350 Busin 1 -

NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES MUNICIPAL ARCHIVES

31 Chambers Street New York, N.Y. 10007

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Brian G. Andersson

Commissioner, Department of Records

Leondra A. Gidlund

Director, Municipal Archives