

NYT. 67/10 JAN 18 1943

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics

30569

CERTIFICATE OF BIRTH
FOR GENEALOGICAL RESEARCH ONLY

Registered No. 252

PLACE OF BIRTH
County of Westchester
Town of Yonkers
Village of Goldens Bridge
City of _____

(No. _____ St.; _____ Ward)

Full Name of Child James La Roy Yerkis (If child is not yet named, make supplemental report, as directed)

SEX OF CHILD Male Twin, Triplet, or other? _____ Number in order of birth _____ Legitimate? Yes DATE OF BIRTH May 21st (Month) (Year)

FATHER James La Roy Yerkis FULL MAIDEN NAME _____

MOTHER Katherine Regan FULL MAIDEN NAME _____

RESIDENCE Goldens Bridge

RESIDENCE Goldens Bridge N.Y.

COLOR OR RACE White AGE AT LAST BIRTHDAY 2 (Years)

COLOR OR RACE White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Bedford Hills N.Y.

BIRTHPLACE Goldens Bridge N.Y.

OCCUPATION James La Roy Yerkis

OCCUPATION Housewife

What preventive for Ophthalmia Neonatorum... used? None
If none, state the reason therefor _____

Number of children born to this mother, including present birth 1
Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:45 P.M. on the date above stated.

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

(Signature) J. H. McPherson

Date May 22, 1912 Physician

Address 71... N.Y.

Given name added from a supplemental report _____ 19____

Filed June 3, 1912 Edward Smith

REGISTRAR

(Local)

REGISTRAR

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.