

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH.

DECEASED

STATE OF NEW YORK.

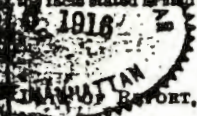
No. of Certificate,

CERTIFICATE AND RECORD OF BIRTH 16738

Name of Child Isabella Cecilia ^{or} 16738

Sex	<u>Female</u>	Father's Occupation	<u>Driver</u>
Color	<u>White</u>	Mother's Name	<u>Roseline</u>
Date of Birth	<u>March 28th 1916</u>	Mother's Name before Marriage	<u>Walsh</u>
Place of Birth, Street and No.	<u>108 Charles St</u>	Mother's Residence	<u>108 Charles St</u>
Father's Name	<u>Edward J.</u>	Mother's Birthplace	<u>U.S.A.</u>
Father's Residence	<u>108 Charles St</u>	Mother's Age	<u>21</u>
Father's Birthplace	<u>U.S.A.</u>	Number of previous Children	<u>1</u>
How many now living (in all)	<u>2</u>		<u>2</u>

I, the undersigned, hereby certify that I attended professionally at the above birth and I am personally cognizant thereof; and that all the facts stated in said certificate and report of birth are true to the best of my knowledge, information and belief.



Signature, A.A. Meyer
Residence, 66 Perry St.
4/3 18/16

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

OCT 19 1988

Irene A Scanlon

IRENE A SCANLON
CITY REGISTRAR



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BUREAU OF VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

DATE ISSUED

DOCUMENT NO. **B 603642**