



CITY OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF RECORDS AND STATISTICS

Borough of **MANHATTAN** New York, N. Y. **FEB 27 1945**

Below is a photostatic copy of a certificate on file in the Bureau of Records and Statistics of the Department of Health of the City of New York.

5/27-1/1887

STATE OF NEW YORK. **33990168**  
City of New York. **85**

**BIRTH RETURN.**

Name of child *Edward Goodchild*

Sex (Male or Female) *Male*

Date of birth *May 27 1887*

Birth (Street and Number) *322 Grand St.*

Name of Father *Edward Goodchild*

Name of Mother *Isabella Goodchild*

Place Name of Mother *Isabella Webb*

Place (City) of Mother *New York*

Place of Father *New York* Age *26* years Occupation *Business*

Number of Child of Mother *1*

Number of Mother (1, 2, 3, etc.) *1* How many of them now living

Name and address of Medical Attendant or Signature *Charles J. Goodchild*

Name and address of authorized person, in own handwriting Address *322 Grand St. New York*

Name of this Return *11-2-1887*

This is to certify that the foregoing is a true copy of a record in my possession.

THOMAS J. DUFFIELD  
Registrar of Records

BY *Charles J. Goodchild*  
Assistant Registrar of Records

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