

CERTIFIED TRANSCRIPT OF BIRTH
STATE OF NEW YORK
DEPARTMENT OF HEALTH



L6234503

FULL NAME OF CHILD: ROBERT ELLIOTT LESLIE

SEX: Male

DATE OF BIRTH: NOVEMBER 1, 1924

TIME OF BIRTH: 1:25 ☒ A.M. ☐ P.M.

PLACE OF BIRTH: White Plains, NEW YORK

MAIDEN NAME OF MOTHER: ROSE BARKER

NAME OF FATHER: WILLIAM LESLIE

DATE FILED: NOVEMBER 5, 1924

LOCAL REGISTRATION NO.: 477

LOCAL DISTRICT NO.: 5902

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 of White Plains, New York.
Name of Locality


Signature of Local Registrar

Date March 18, 2016

Do not accept 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)

SEE REVERSE SIDE FOR LIST OF SECURITY FEATURES

I hereby certify that the foregoing is a true and correct copy of the birth record on file with the Office of the City Clerk, 255 Main Street, White Plains, NY
 IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Corporate Seal of the City of White Plains, NY
 Registrar of Vital Statistics of The City of White Plains, NY
Charles J. Anderson - Deputy

Register of Births

Town—
 in the Village of White Plains, County of Westchester, State of New York
 City

FULL NAME OF CHILD

Robert Elliott Leslie

Registered No. 477

(NO.)

St. Agnes' Hospital

(If child is not yet named, make supplemental report, as directed)

SEX OF CHILD

Male

Twins, Triplet or other?

(To be answered only in event of plural births)

Legitimate?

yes

DATE OF BIRTH

Nov.

1

(Month)

1924

(Day)

(Year)

ST.

6

(Month)

WARD

FULL NAME

William Leslie

FATHER

MOTHER

Rose Barker

RESIDENCE

33 Claremont Ave, Hartsdale

RESIDENCE

33 Claremont Ave, Hartsdale

COLOR OR RACE

white

AGE AT LAST BIRTHDAY

34

(Years)

COLOR OR RACE

white

AGE AT LAST BIRTHDAY

33

(Years)

BIRTHPLACE

Fulton, Cal

BIRTHPLACE

Fulton, California, Cal

OCCUPATION

Insurance

OCCUPATION

Housewife

WHAT PREVENTIVE FOR OPHTHALMIA NEONATORUM DID YOU USE?

Argyrol

NUMBER OF CHILDREN BORN TO THIS MOTHER, INCLUDING PRESENT BIRTH

4

(Years)

IF NONE, STATE THE REASON THEREFOR

NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING

4

(Years)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD, WHO WAS born alive AT 1:25 P.M., ON THE DATE ABOVE STATED.

SIGNATURE

Walter W. Mott

(Beet alive or stillborn)

DATED

Nov. 2, 19

24

(When there was no attending physician or midwife, then the father, grandfather, etc., should make this return)

Physician

ADDRESS

43 Waller Ave

(Physician, Midwife, Father, etc.)

FILED

Nov. 5, 19

24

Mary E. MacMaster

(Registrar)

GIVEN NAME ADDED FROM A SUPPLEMENTAL REPORT

Nov. 14

1924

Mary E. MacMaster

(Registrar)