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SEE REVERSE SIDE FOR IMPORTANT ADDITIONAL QUESTIONS  
PHYSICIAN, PLEASE

New York State Department of Health OFFICE OF VITAL RECORDS CERTIFICATE OF BIRTH				Registered No. 147
Dist. No. 3301 To be inserted by registrar				
1. PLACE OF BIRTH: STATE OF NEW YORK a. COUNTY <u>Onondaga</u> b. TOWN <u>Syracuse</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>New York</u> b. COUNTY <u>Onondaga</u> c. CITY OR VILLAGE <u>Syracuse</u> <u>36</u> In residence within the corporate limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Syracuse Memorial Hospital</u>		4. STREET ADDRESS <u>709 Salt Springs Road</u> In residence on street? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
5. CHILD'S NAME (Type or print) <u>Edward Joseph Downes</u>				
6. SEX <u>Male</u>	7. THIS BIRTH <u>SINGLE</u> <input checked="" type="checkbox"/> <u>TWIN</u> <input type="checkbox"/> <u>TRIPLET</u> <input type="checkbox"/>	8. IF TWIN OR TRIPLET, was child born 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	9. DATE OF BIRTH (Month) (Day) (Year) <u>February</u> <u>5</u> <u>1961</u>	
FATHER OF CHILD				
10. FULL NAME <u>John Francis Downes</u>		11. COLOR OR RACE <u>White</u>		
12. AGE (At time of this birth) <u>47</u> YEARS	13. BIRTHPLACE (State or foreign country) <u>Syracuse New York</u>	14. USUAL OCCUPATION <u>Director</u>	15. KIND OF BUSINESS OR INDUSTRY <u>Citizens Foundation</u>	
MOTHER OF CHILD				
16. FULL MAIDEN NAME <u>Margaret Barrett</u>		17. COLOR OR RACE <u>White</u>		
18. AGE (At time of this birth) <u>47</u> YEARS	19. BIRTHPLACE (State or foreign country) <u>Syracuse New York</u>	20. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children were born alive? <u>7</u> b. How many OTHER children were born alive? <u>1</u> c. How many children were born (born dead after 20 weeks pregnancy)? <u>0</u>		
21. LENGTH OF PREGNANCY COMPLETED WEEKS <u>40</u>	22. WEIGHT OF CHILD AT BIRTH LBS. OR 9 LBS. 2 OZS. <u>7</u>	23. DATE TEST MADE <u>7-8 1960</u> 19a. DATE TEST MADE 19b. IF NO TEST STATE REASON THEREFOR:		
24. WAS THE BLOOD OF THIS CHILD'S MOTHER TESTED FOR SYPHILIS? During pregnancy? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> At delivery? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
25. WHAT PREVENTIVE FOR OPHTHALMIA NEOSSITICUM DID YOU USE? <u>Silver Nitrate 1%</u>				
26. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: <u>709 Salt Springs Road Syracuse New York</u>				
27. I hereby certify that I attended the birth of this child who was born alive on the date stated above at <u>2102 A.</u>		28. SIGNATURE OF ATTENDANT <u>Edward J. Downes</u> M.D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER <input type="checkbox"/>		
29. ADDRESS <u>2102 A.</u>		30. DATE SIGNED <u>February 8 1961</u>		
31. DATE FILED BY LOCAL REG. <u>2-9 1961</u>		32. REGISTRAR'S SIGNATURE <u>Walter J. Downes</u> 33. GIVEN NAME ADDED <u>19</u>		



Ed THE  
MARATHONER

10/21/44 — 2/22/47  
JOHNNY