

## CERTIFICATION OF BIRTH

## DEPARTMENT OF HEALTH

## STATE OF NEW YORK

District No. 3301Registered No. 255

THIS IS TO CERTIFY that Margaret Catherine Barrett  
 sex Female was born on November 17, 1913  
 in SYRACUSE, County of ONONDAGA  
 and State of New York, as shown by the record of birth filed November 20, 1913  
 with the registrar of vital statistics of this registration district.

Witness my signature this 25 day of January, 1962

Ada M. Carr  
 Deputy Registrar of Vital Statistics

City Syracuse, New York  
~~Village~~  
~~Town~~

WARNING: ANY ALTERATION INVALIDATES THIS CERTIFICATE.

|  |   |                              |   |   |  |  |  |
|--|---|------------------------------|---|---|--|--|--|
| 1 PLACE OF BIRTH (To be inserted by Registrar)<br>Co. <u>Onondaga</u><br>Town or Village or City <u>Syracuse</u> |   | Dist. No. <u>3301</u>        |   | New York State Department of Health<br>DIVISION OF VITAL STATISTICS<br>CERTIFICATE OF BIRTH |  | Registered No. <u>2209</u>   |  |
| 2 Full name of child <u>John Francis Sorome</u>  |   | No. <u>536 N. Geddes St.</u> |   | Ward <u>7</u>   |  | { If child is not yet named, make supplemental report, as directed } |  |
| 3 Sex of child <u>M.</u>   | To be answered ONLY in event of plural births   | 4 Twin, triplet or other     | 5 Number, in order of birth                                     | 6 Legitimate? <u>Yes</u>  | 7 Date of birth (Month) <u>Nov</u> (Day) <u>29</u> (Year) <u>1913</u>                    |  |  |
| 8 Full name FATHER <u>Edward Sorome</u>  | 9 Residence (Usual place of abode) If nonresident, give place and State <u>Syracuse</u> |                              | 14 Full maiden name MOTHER <u>Margaret J. Fitzgerald</u>        |   | 15 Residence (Usual place of abode) If nonresident, give place and State <u>Syracuse</u> |  |  |
| 10 Color or race <u>W.</u>   | 11 Age at last birthday <u>38</u> (Years)   | 16 Color or race <u>W.</u>   |   | 17 Age at last birthday <u>36</u> (Years)   |  |  |  |
| 12 Birthplace (city or place) (State or country) <u>N. Y. State</u>  | 13 Occupation Nature of Industry <u>Electrician</u>                                     |                              | 18 Birthplace (city or place) (State or country) <u>Ireland</u> |   | 19 Occupation Nature of Industry   |  |  |
| What preventive for ophthalmia neonatorum did you use? If none, state the reason therefor                        |   |                              |   | 20 Number of children born to this mother, including present birth <u>2</u>                 |  |  |  |
|  |   |                              |   | 21 Children of this mother born alive <u>2</u> Stillborn <u>0</u> Total now living <u>2</u> |  |  |  |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ M., on the date above stated.

{ \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

Given name added from a supplemental report \_\_\_\_\_ (Month, day, year)

(Signature) J. R. Kinn

Dated \_\_\_\_\_, 19\_\_\_\_ (Physician, Midwife, Father, etc.)

Address \_\_\_\_\_

Filed July 5, 1963

Registrar

This certificate must be FILED with the Local Registrar within FIVE (5) days after birth (See instructions, and additional requirements for STILLBIRTHS on other side)