Dist. No. _3201_ (To be inserted by Registrar)

New York State Department of Health
DIVISION OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1 PLACE OF BIRTH
Co. _Onondaga_
Town or Village
or City _Syracuse_ No. _536 N. Geddes_ St.; Registered No. _2209_ Ward

[If birth occurred in a hospital or institution, give its NAME instead of street and number]

2 Full name of child _John Francis Downes_ {If child is not yet named, make supplemental report, as directed.

| 3 Sex of child _M_ | To be answered ONLY in event of plural births | 4 Twin, triplet or other _____ | 6 Legitimate? _Yes_ | 7 Date of birth _Aug. 29 19 13_ (Month) (Day) (Year) |
| | | 5 Number, in order of birth _____ | | |

8 Full name FATHER _Edward Downes_	14 Full maiden name MOTHER _Margaret J. Fitzgibbon_
9 Residence (Usual place of abode) If nonresident, give place and State _Syracuse_	15 Residence (Usual place of abode) If nonresident, give place and State _Syracuse_
10 Color or race _W._ 11 Age at last birthday _38_ (Years)	16 Color or race _W._ 17 Age at last birthday _36_ (Years)
12 Birthplace (city or place) (State or country) _N.Y. State_	18 Birthplace (city or place) (State or country) _Ireland_
13 Occupation Nature of industry _Electrician_	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 _7_
21 Children of this mother born alive ___ Stillborn ___ Total now living _6_

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.

(Signature) _G. R. Kinne_

Dated _____, 19___
(Physician, Midwife, Father, etc.)

Address _____

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

Filed _Sept. 5, 1913_

_____ 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)

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