STATE OF NEW YORK. No. of Certificate, CERTIFICATE AND RECORD OF BIRTH RECEIVED Name of Child. Name and address of person | Signature, making this report. SINDING. BE Residence, VILL DATE OF REPORT, JUNE 189 9 Mother's Name before Marriage. How many now living (in all). Occupation Residence Birthplace Place of Birth. Date of Birth. Date of Record. Number of previous Children. Residence Father's Name. Color. Name. Birthplace Mother's Name. Age Age CERTIF KON MUTILATED

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