PLACE OF BIRTH (Tobe inserted by Registrar) New York State Department of Health	
Calo C. To the state of the sta	
Town of CERTIFICATE OF BIRTH	
Village of Registered No.	
City of (No.	St.; Ward)
Full Name of Child HARRY CHARLES UN CHURN Supplemental report, as directed	
SEX OF CHILD Male Twin, Triplet, or other? Number in order of bi	rth Legitimate? DATE OF PRINTING 7 1996
FULL MOTHER SOLL MOTHER SOLD MOTHER SOLL MOTHER SOLL MOTHER SOLL MOTHER SOLL MOTHER SOLL MOTHER SOLD MOTHER SOLD MOTHER SOLD MOTHER SOLL MOTHER SOLL MOTHER SOLL MOTHER SOLD M	
(ALDRESS) Mayville n. 21.	(ADDRESS) Mayorda n H.
COLOR OR RACE While BIRTHDAY (Years)	OR RACE While BIRTHDAY (Years)
BIRTHPLACE maybree ny.	BIRTHPLACE May 11 M. 7.
OCCUPATION OF THE PROPERTY OF	OCCUPATION
(AND INDUSTRY)	(AND INDUSTRY)
What preventive for Ophthalmia Neonatorum did you use?	Number of children born to this mother including passet birth.
If none, state the reason therefor.	Number of children of this mother now living
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE * 1 STATE OF ATTENDING PHYSICIAN OR MIDWIFE PHYSICIAN	
I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) (Signature)	
*When there was no attending physician or midwife, then the father, householder, etc., Dato Fun 79 1896	
(should make this return.	(Bhysician, Midwife, Father, Etc.)
Given name added from a supplemental Address // Address	
report Filed Filed	, 10 Lin mille
This certificate must be FILED with the Local Registrar within FIVE (5) days after birth Registrar (See Instructions, and additional data required for STILLBIRTHS, on other side) in	