STATE OF NEW YORK. 493669

6894

County of New York. City of New York.

BIRTH RETURN.

173

(In full when possible.)

1. Name of Child Andrew McCabe

2. Sex Male {Color or Race, If other than the White} ——— Date of Birth, MONTH July DAY 6 YEAR 1887

3. Place of Birth (Street and Number) 530 E. 17 St. N. Y.

4. Name of Father Andrew McCabe {If out of wedlock and name not given, write O. W.}

5. Full Name of Mother Margaret McCabe

6. Maiden Name of Mother Margaret Duffy

7. Birthplace (Country or State) of Mother Ireland Age 33 years.

8. " " of Father Ireland Age 37 years. Occupation Labor man

9. Number of Child of Mother (whether 1, 2, 3, &c.) 7 How many of them now living 4

10. Name and address of Medical Attendant or other authorized person, in own handwriting {Signature Frederica Marks Address 436 E. 17 St

11. Date of this Return July 9/87