Form 1.

STATE OF NEW YORK.

332107

County of New York. City of New York.

BIRTH RETURN.

(In full when possible.)

1. Name of Child: Maggie McCabe

2. Sex: Female { Color or Race, if other than the White. } Date of Birth: July 19th 1882

(If city, give name, street and number; if not, give township, (village,) and county.)

Place of Birth: 530 - 17th St New York

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

5. Maiden and full Name of Mother: Maggie McCabe Maggie Duffy

6. Birthplace (or Country) of Father: Ireland Age 35 Occupation Laboring man

7. Birthplace (or Country) of Mother: Ireland Age 31

8. Number of this Mother's Previous Children: 5 How many of them now living: 2

9. Name and address of Medical Attendant or other Authorized person, in own handwriting, { Attest, }: Federica Hunter
502 East 17th St

10. Date of this Return: February 25