

shall be liable to pay a fine of ten dollars, which may be sued for and recovered in the name of the Board.
N. B.—This Law is designed to secure a faithful report of birth from the Attending Physician, or some one of the persons who was present at the birth. This law will be rigidly enforced, both as regards the Medical Attendant and the Parents of the child.

RETURN OF A BIRTH.

292197 17

To the Bureau of Vital Statistics, Health Department.

301 MOTT STREET, New York.

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1. Full Name of Child, (if any,) *Mary Ann Mc Cabe*
 2. Sex, *Female* No. of Child of Mother, *4th*
 3. Race or Color, (if not of the white race,) _____
 4. Date of Birth, *August. 23rd/80*
 5. Place of Birth (Street and Number,) *No 530 East 17th St.*
 6. Full Name of Mother, *Margaret Mc Cabe*
(Maiden Name,) *Margaret Duffy*
 7. Mother's Birthplace and Age, *Ireland age 29 years*
 8. Mother's Residence, *530 East 17th St. New York*
 9. Full Name of Father, *Andrew Mc Cabe*
 10. Father's Occupation, *Labouringman*
 11. Father's Birthplace and Age, *Ireland age 36 years -*
- Signature and Address of Medical Attendant, *Federica Marks 502 E. 17th*
Name of Person who makes this Return, *August 28th/80*
Date of this Return, _____

FILED
AUG 30 1880

BUREAU OF RECORDS
MANHATTAN