424495

STATE OF NEW YORK.

1885

County of New York. City of New York.

BIRTH RETURN.

43

(In full when possible.)

1. Name of Child Rosie McCabe

2. Sex Female {Color or Race, If other than the White} ——— Date of Birth, MONTH April DAY 5 YEAR 1885

3. Place of Birth (Street and Number) 530 E 17th 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 Maggie McCabe

6. Maiden Name of Mother Maggie Duffy

7. Birthplace (Country or State) of Mother Ireland Age 32 years.

8. " " of Father Ireland Age 35 years. Occupation Laboring man

9. Number of Child of Mother (whether 1, 2, 3, &c.) 6 How many of them now living 3

10. Name and address of Medical Attendant or other authorized person, in own handwriting { Signature Frederica Marks Address 271 Ave A.

11. Date of this Return April 13/85