

STATE OF NEW YORK.

7452173  
City of New York.

County of New York.

**BIRTH RETURN.**

185

(In full when possible.)

1. Name of Child *Samuel Tierney*
2. Sex *Male* { Color or Race, } \_\_\_\_\_ Date of Birth, 

MONTH	DAY	YEAR
<i>July</i>	<i>9</i>	<i>188</i>

  
{ If other than the White }
3. Place of Birth (Street and Number) *29 East 1st St*
4. Name of Father *Thomas H. Tierney* { If out of wedlock and name not given, write O. W. }
5. Full Name of Mother *Mary J. Tierney*
6. Maiden Name of Mother *Mary J. Tierney*
7. Birthplace (Country or State) of Mother *NY City* Age *29* years.
8. " " of Father *NY City* Age *31* years. Occupation *Clerk*
9. Number of Child of Mother { (whether 1, 2, 3, &c.) } *3* How many of them now living *3*
10. Name and address of Medical Attendant or other authorized person, in own handwriting { Signature *C. Campbell* } Address *314 E 18th St NY City*
11. Date of this Return *July 10th 1886*



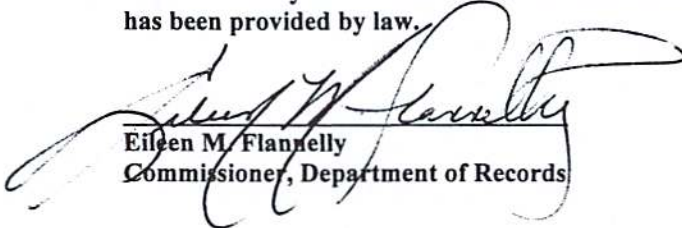
*NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES*

**MUNICIPAL ARCHIVES**

31 Chambers Street  
New York, N.Y. 10007

This exact copy of a \_\_\_\_\_ certificate should not be accepted unless the raised seal of The Department of Records and Information Services is affixed thereon. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

In issuing this copy of the record, the Department of Records and Information Services does not certify to the truth of the statements made thereon, as no inquiry to the facts has been provided by law.



Eileen M. Flannelly  
Commissioner, Department of Records



Leonora A. Gidlund  
Director, Municipal Archives