

STATE OF NEW YORK.

Form L

12113

COUNTY OF WESTCHESTER.
REGISTERED NO.

VILLAGE OF NEW ROCKELLE

BIRTH RETURN.

(In full when possible.)

FOR GENEALOGICAL RESEARCH ONLY

1628

Name of Child, *Eleanor Pierney*
 Sex, *Female* Color or Race, if other than the White, *White* Date of Birth, *Feb 31st 1894*

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

Place of Birth, *New Rochelle*Name of Father, *Thomas H. Pierney* (If out of wedlock and name not given, write O. W.)Maiden and full Name of Mother, *Mary J. Keimany Pierney*Birthplace (or Country) of Father, *New York* Age, *40* Occupation, *Clerk*Birthplace (or Country) of Mother, *New York* Age, *27*Number of this Mother's Previous Children, *5* How many of them now living, *5*Name and address of Medical Attendant or other authorized person, in his own handwriting, *Wm H. Adams
New Rochelle*Date of this return, *April 2nd 1894* * *W. J. J. J.* JAN 14 1953