

STATE OF NEW YORK.

447451

County of New York.

City of New York.

**BIRTH RETURN.**

217

(In full when possible.)

1. Name of Child

Frank Noel Tierney

2. Sex

male

Color or Race, }  
If other than the 'White }

white

Date of Birth,

MONTH

DAY

YEAR

Dec

24

1885

3. Place of Birth (Street and Number)

310 East 25th St.

4. Name of Father

James J. Tierney

If out of wedlock and name not given, write O. W.

5. Full Name of Mother

Sarah Tierney

6. Maiden Name of Mother

Sarah Beattie

7. Birthplace (Country or State) of Mother

New York City. Age 25 years.

8. " " of Father

W. J. C. Age 25 years. Occupation Clerk.

9. Number of Child of Mother (whether 1, 2, 3, &c.)

one

How many of them now living

one

10. Name and address of Medical Attendant or other authorized person, in own handwriting

Signature

L. V. Campbell

Address

514 E 18th

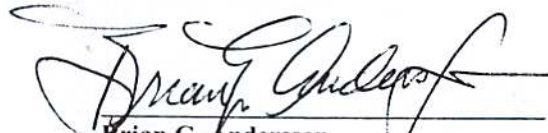
11. Date of this Return

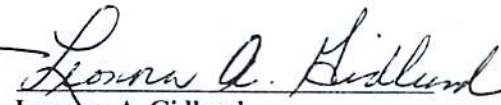
Dec. 27, 1885

NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES  
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