

CITY OF NEW YORK.

STATE OF NEW YORK.

No. of Certificate.

# CERTIFICATE AND RECORD OF BIRTH

Name of C.L.U. James Vincent Hayes

Name and address of person making the report. Signature J. Hayes 27922

Residence. 147 E 116

DATE OF REPORT July 30 1899


NO MUTILATED CERTIFICATE WILL BE RECEIVED.

Name	Sex	Color	Date of Birth.	Place of Birth.	Parents' Name.	Residence.	Birthplace.	Age.	Occupation.	Mother's Name before Marriage.	Residence.	Birthplace.	Age.	Number of previous children.	How many now living (in all).	Date of Issue.
<u>J. Hayes</u>	<u>M.</u>	<u>W.</u>	<u>July 26 99</u>	<u>307 E 100</u>	<u>Mr. Hayes</u>	<u>307 E 100</u>	<u>Queens</u>	<u>43</u>	<u>Teacher</u>	<u>Kate Hayes</u>	<u>307 E 100</u>	<u>Queens</u>	<u>37</u>	<u>5</u>	<u>2</u>	<u>Henry Frisby</u>

**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.**

  
\_\_\_\_\_  
**Brian G. Andersson  
Commissioner, Department of Records**

  
\_\_\_\_\_  
**Leonora A. Gidlund  
Director, Municipal Archives**