

FORM B, 1887.

# CERTIFICATE OF BIRTH, BROOKLYN DEPARTMENT OF HEALTH.

2408

1.—Full Name of Child

*William J. Green* OFFICE OF REGISTER.

2.—Sex: Male, Female\*

3.—No. of Child of Mother,

4.—White, Color

MAR 26 1887

5.—Date of Birth,

*March 26*

1887

6.—Hour of Birth,

A. M.,

P. M.;

7.—Place of Birth,

*St. Albans, St.*

Ward;

Mother's res.,

*310*

*W. 23rd St.*

years;

8.—Mother's Full Name,

*Carrie Morgan*

9.—Age,

*32*

years;

9.—Mother's Maiden Name,

*Mary Williams*

11.—Birthplace,

*W. 23rd St.*

years;

10.—Father's Full Name,

*John*

13.—Age,

*40*

years;

11.—Father's Occupation,

*Teacher*

15.—Birthplace,

*W. 23rd St.*

years;

12.—Medical Attendant,

*Dr. Thompson*

Address,

*203*

*W. 23rd St.*

years;

13.—Person making this Return,

*Dr. Thompson*

\*Cross of words not required, if in public institution, state name, & Street, State or Country.

Date of Return,

*Mar 26*

1887