

State of New York, County of Erie, City of Buffalo, 11 Ward.

WEEK ENDING
BIRTH RETURN.

(In full, when possible.)

SEP 21 1889

Name of Child, *Walter* REPORTED.

Sex, *Male* } Color or Race, if other than White, } Date of Birth, *Sept 12* 1889.

(Give name, street and number.)

Place of Birth, *113 Niagara St*

Name of father, *Geo J Underwood* { If out of wedlock and name not given, write O. W. }

Maiden and full Name of Mother, *Hattie A Beaujean Underwood*

Birthplace or Country of Father, *Chaut-Co N.Y.* Age, *28* Occupation, *Printer*

Birthplace or Country of Mother, *Chaut-Co N.Y.* Age, *24*

Number of this Mother's Previous Children, *—* How many of them now living, *1*

Name and address of Medical Attendant, or other authorized person, in own handwriting, *C. W. Baker* Attest. *Wm Franklyn SA*

RECEIVED.

Date of this return,

THIS IS TO CERTIFY that the foregoing is a true copy (Photographic) of a record on file in the Bureau of Vital Statistics, Department of Health, City of Buffalo, New York.

In issuing this Transcript of Record the Department of Health does not become responsible for the Statements contained therein.

This Transcript was issued

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No. of Transcript

7345

Frank E. Gonzalez
Health Commissioner.

Joe. W. Kiefer M.D.

Registrar of Vital Statistics

By *Lawn*

