

REPORTED DECEASED: D.O.D. 12-31-1981

STATE FLORIDA D.C.# 109473

No. of Certificate,

13373

THE CITY OF NEW YORK.
DEPARTMENT OF HEALTH.

STATE OF NEW YORK.

CERTIFICATE AND RECORD OF BIRTH

OF

Name of Child Baby Mulligan

Sex	<u>Female</u>	Father's Occupation	<u>OW</u>
Color	<u>White</u>	Mother's Name	<u>Katherine Cecilia</u>
Date of Birth	<u>March 6 1912</u>	Mother's Name before Marriage	<u>Mulligan</u>
Place of Birth, Street and No.	<u>505 W 56</u>	Mother's Residence	<u>505 W 56</u>
Father's Name	<u>OW</u>	Mother's Birthplace	<u>N.Y. FILED</u>
Father's Residence	<u>OW</u>	Mother's Age	<u>20</u> MAR 11 1912
Father's Birthplace	<u>—</u>	Number of previous Children	<u>0</u> BUREAU OF RECORDS MANHATTAN
Father's Age	<u>—</u>	How many now living (in all)	<u>1</u>

I, the undersigned, hereby certify that I attended professionally at the above birth and am personally cognizant thereof; and all the facts stated in said certificate and report of birth are true to the best of my knowledge, information and belief.

Signature, W. R. Murphy

Residence, NEW YORK NURSERY & CHILD'S HOSPITAL,

161 WEST 61ST STREET, N.Y.

DATE OF REPORT, _____ 19__