

City of New York.

STATE OF NEW YORK.

City of New York.

BIRTH RETURN.

In full when possible.)

Name of Child *Fanny Healy*

Sex *Female*

Color of Race, *White*
If other than the White

Date of Birth.

MONTH	DAY	YEAR
<i>March</i>	<i>17</i>	<i>1887</i>

Place of Birth (Street and Number) *73 Adelphi St*

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

Name of Father *John Healy*

Full Name of Mother *Lena Healy*

Maiden Name of Mother *Lena Healy*

Birth place (Country or State) of Mother *New York*

Age *16* years.

" of Father *Country* Age *21* years. Occupation *Tailor*

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

How many of them now living? *1*

Name and address of Medical Attendant or other authorized person, in own handwriting } Signature *John Healy*
Address *193 Broadway*

Date of this Return