

County of New York.

STATE OF NEW YORK.

19848

Form 1.

City of New York.

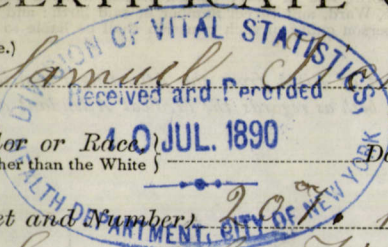
CERTIFICATE OF BIRTH.

No. of Certificate

(In full when possible.)

19848

1. Name of Child Samuel Tickell



2. Sex White (Color or Race) (If other than the White)

Date of Birth,

MONTH	DAY	YEAR
7 th	4	1890

3. Place of Birth (Street and Number) 207 116. Str. City

4. Name of Father Samuel Tickell (If out of wedlock omit name of Father, and write O. W.)

5. Full Name of Mother Katie M. Tickell

6. Maiden Name of Mother McRenzie (Charlottown)

7. Birthplace (Country or State) of Mother Prince Edward Island Age 23 years.

8. Dublin of Father Island Age 22 years. Occupation Printer

9. Number of Child of Mother (whether 1, 2, 3, &c.) 2 How many of them now living 2

10. Name and address of Medical Attendant or other authorized person, in own handwriting Signature Margreth F Popp Address 24 Rivington (Middle Str) City

11. Date of this Return 7 July 1890