Reg. No. 2950

PLACE OF BIRTH (To be filled in by Registrar)

County of Nassau

Town of Hempstead

or Village of Hempstead (Outside)

or City of

New York State Department of Health

DIVISION OF VITAL STATISTICS

4313

CERTIFICATE OF BIRTH

Registered No. 22

(No. 149, South Franklin St.: Ward)

Full Name of Child *Frances Frank Lee

(If child is not yet named, make supplemental report, as directed)

SEX OF CHILD	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	January 6 26

FATHER		MOTHER	
FULL NAME	John Frank Lee	FULL MAIDEN NAME	Rose Frank
RESIDENCE (ADDRESS)	Hempstead	RESIDENCE (ADDRESS)	Hempstead
COLOR OR RACE	White — AGE AT LAST BIRTHDAY 31 (Years)	COLOR OR RACE	White — AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Poland	BIRTHPLACE	Poland
OCCUPATION (AND INDUSTRY)	Butcher 765	OCCUPATION (AND INDUSTRY)	Housewife

What preventive for Ophthalmia Neonatorum did you use? Argyrol

If none, state the reason therefor

Number of children born to this mother, including present birth 2

Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 8:15 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature) Ruth [illegible]

Dated Jan 7 1926

Address Hempstead

Given name added from a supplemental report ..... 19.....

Registrar

Filed Jan 11, 1926 — Frank [illegible] Registrar

This certificate must be FILED with the Local Registrar within TEN (10) days after birth

(See instructions and additional data required for STILLBIRTHS, on other side)

FOR GENEALOGICAL RESEARCH ONLY