

1 PLACE OF BIRTH Dist. No. 2754 New York State Department of Health  
To be inserted by Registrar DIVISION OF VITAL STATISTICS 10171  
 County Monroe  
 Town Waver  
 or  
 Village \_\_\_\_\_  
 City \_\_\_\_\_ No. 406 Windsor Pl. Registered No. 9  
(If birth occurred in a hospital or institution, give its NAME instead of street and number.) St: \_\_\_\_\_ Ward \_\_\_\_\_

2 Full Name of Child Michael Francis Thomas ! If child is not yet named, make supplemental report.

3 Sex Male If plural births 4 Twin, triplet or other 1 6 Premature 49 7 Legitimate? 49 8 Date of birth 1-27-35  
(Month) (Day) (Year)  
 5 Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_

9 Full name Michael Thomas FATHER 18 Full maiden name Alma Marcille MOTHER

10 Residence (usual place of abode) 406 Windsor Pl. 19 Residence (usual place of abode) 406 Windsor Pl.  
If nonresident, give place and State If nonresident, give place and State

11 Color or race W 12 Age at last birthday 27 (Years) 20 Color or race W 21 Age at last birthday 29 (Years)

13 Birthplace (city or place) Port Kester 22 Birthplace (city or place) Port Kester  
(State or country) (State or country)

<p>14 Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. <u>Merchant</u></p> <p>15 Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Eastman Kodak</u></p> <p>16 Date (month and year) last engaged in this work <u>1-1-35</u></p>	<p>23 Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u></p> <p>24 Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u></p> <p>25 Date (month and year) last engaged in this work <u>1-1-35</u></p>
17 Total time (years) spent in this work <u>11</u>	25 Total time (years) spent in this work <u>4</u>

27 Number of children of this mother, (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

What preventive for ophthalmia neonatorum did you use? Opport If none, state the reason therefor \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

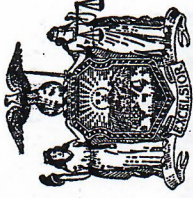
I hereby certify that I attended the birth of this child, who was born alive at 7:21 P.M., on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signed) Fred Johnson  
 Dated 1-27-35, 1935  
(Physician, midwife, father, etc.)  
 Address 721 Meigs St. Port Kester N.Y.  
 Filed 2-6-35, 1935 Mary F. Mitchell  
Registrar

Registrar This certificate must be FILED with Local Registrar within FIVE (5) days after birth

STATE OF NEW YORK



DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
ALBANY

*This is to certify that a*

**BIRTH CERTIFICATE**

*has been filed for*

*Michael Frances Thomas*

Born on *January* 27-1935 at *Fresces New York*  
Month Day Year City, town or village

Parents:

Father *Michael F. Thomas*

Mother (Maiden name) *Alma Marcella*

*February 6 1935*

*Mary F. Mitchell*  
Local Registrar

THIS CERTIFICATE IS THE PROPERTY OF THE FAMILY; IT SHOULD BE RETAINED BY THEM.

CERTIFIED TRANSCRIPT OF BIRTH

# STATE OF NEW YORK

DEPARTMENT OF HEALTH

**Full Name of Child:** Michael Frances Thomas

**Sex:** Male

**Date of Birth:** 01/27/1935 07:52 PM

**Place of Birth:** Greece, New York

**Name of Mother:** Alma Marcille

**Name of Father:** Michael F Thomas

**Date Filed:** 02/06/1935

**State File Number:** 010171



This is to certify that the information concerning the birth of the above named person is a true and accurate transcription of the information recorded on the original certificate of birth on file with the New York State Department of Health.

Robert LoCicero  
Director of Vital Records

Date: 01/30/2019

Do not accept this transcript unless the raised seal of the New York State Department of Health is affixed hereon.

**NOTE CAREFULLY:** Any alteration voids this transcript



CERTIFIED TRANSCRIPT OF BIRTH  
STATE OF NEW YORK  
DEPARTMENT OF HEALTH

FULL NAME OF CHILD: MICHAEL F THOMAS

DATE OF BIRTH: January 27, 1935

PLACE OF BIRTH: Greece, New York

MAIDEN NAME OF MOTHER: ALMA MARCILLE

NAME OF FATHER: MICHAEL F THOMAS

DATE FILED: February 06, 1935

STATE FILE NO.: 010171

This is to certify that the information concerning the birth of the above named person is a true and accurate transcription of the information recorded on the original certificate of birth on file with the New York State Department of Health.



*Peter M. Corcoran*

Director, Vital Records Section

DATE February 02, 2000

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ANY ALTERATION VOIDS THIS TRANSCRIPT