

PLACE OF BIRTH (To be inserted by Registrar) **New York State Department of Health** 1935 57608
 County of **Madison** DIVISION OF VITAL STATISTICS

Town of **Concord** No. **476** Registered No. **476**
 or Village of **Concord** St. **Ward**
 City of **Concord** Full Name of Child **Mary Bielawa**

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

SEX OF CHILD Female	Twin, Triplet, or other? (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH July 16 1922 Month (Day) (Year)
FULL NAME Valentine Bielawa	FATHER Mr Eulaw St	MOTHER Mary Zezyguel	
RESIDENCE (ADDRESS) Mr Eulaw St	RESIDENCE (ADDRESS) Mr Eulaw St		
COLOR OR RACE White	COLOR OR RACE White	AGE AT LAST BIRTHDAY 41 (Year)	AGE AT LAST BIRTHDAY 34 (Year)
BIRTHPLACE Usa	BIRTHPLACE Usa	FOR GENEALOGICAL RESEARCH ONLY	
OCCUPATION (AND INDUSTRY) Laborer	OCCUPATION (AND INDUSTRY) House - wife		

What preventive for Ophthalmia Neonatorum did you use? **Agnes**
 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 (ill born)** **at X.t M.,**
 on the date above stated. (Signature) **Chas. J. Philson**
 { When there was no attending physician or midwife, then the father, householder, etc., should make this return. }
 Dated **July 19** 19 **22** (Physician, Midwife, etc.)
 Address **Chautauque N.Y.**
 Given name added from a supplemental report **JUL 2 1922** **Waltony Cee** Registrar

This certificate must be FILED with the Local Registrar within FIVE (5) days after birth (See instructions, and additional data required for STILLBIRTHS, on other side)