

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registered No. 620

Place of birth
County of Cattaraugus
Town of Ryton
Village of _____
City of _____

(No. _____) (St. _____) (Ward _____)

Full Name of Child William James Wilong

(If child is not yet issued a supplemental report, as directed)

SEX OF CHILD <u>Male</u>	Twin, Triplet, or other? _____ (To be answered only in event of plural births)	Number in order of birth _____	Legitimate? <u>Yes</u>	DATE OF BIRTH <u>Oct. 21, 1911</u> (Month) (Day) (Year)
FULL NAME <u>Robert M. Wilong</u>	FATHER		FULL NAME <u>Phoebe M. Fisher</u>	MOTHER
RESIDENCE <u>Ryton N.Y.</u>	RESIDENCE		RESIDENCE <u>Ryton N.Y.</u>	RESIDENCE
COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>37</u>	COLOR OR RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>31</u>	
BIRTHPLACE <u>Cassopolis Pa.</u>	BIRTHPLACE <u>Logans Hope Pa.</u>			
OCCUPATION <u>Cheese-maker</u>	OCCUPATION <u>Housewife</u>			
Number of children born to father _____		Number of children born to mother _____		
Date of father's last marriage _____		Date of mother's last marriage _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:40 P.M. on the date above stated.

(Signature) Geo. W. Wheeler M.D.
Date Oct. 25, 1911
Address Ryton N.Y.

Given name added to as a supplemental report _____
Filed Oct. 21, 1911
St. J. D. Datta

AUG 11 1976

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This is to certify that this document is a true copy (photostatic) of a record on file in the New York State Department of Health, Albany, New York. FOR ANY INFORMATION, apply to the New York State Department of Health, Albany, New York.

