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[FORM to be used for making out Occasional Copies of Entries of BIRTHS for transmission to the Registrar-General, and for no other purpose.]

BIRTHS Registered in the District of Castlebar 907 in the Union of Castlebar in the County of Mayo

No.	Date and Place of Birth.	Name (if any).	Sex.	Name and Surname and Dwelling-place of Father.	Name and Surname and Maiden Surname of Mother.	Rank or Profession of Father.	Signature, Qualification, and Residence, of Informant.	When Registered.	Signature of Registrar.	Baptismal Name, if added after Registration of Birth, and Date.
(1.)	(2.)	(3.)	(4.)	(5.)	(6.)	(7.)	(8.)	(9.)	(10.)	(11.)
193	1896 Second March Thomas St Castlebar	Patrick	M	Michael McKale Castlebar	Kate McKale formerly Martin	Labourer	Margaret Hesse Lane Present at Birth Thomas St Castlebar	Fifteenth March 1896	<i>[Signature]</i> Assistant Registrar	1896

Clerical error in Column 8 corrected on the 10th April 1907 by me [Signature] Registrar in presence of Mr. [Signature] Present at Birth

I, [Signature] Registrar of Births and Deaths in District of Castlebar 907 in the Union of Castlebar in the County of Mayo do hereby certify that this is a true copy of the Entry No. 193 in the Registrar's Book of Births within the said District. Witness my hand this 11th day of April 1897

I have examined the above, and have compared it with the said original Registrar's Book, and hereby certify that it is a true copy. Witness my hand this 18th day of August 1897
[Births S.] [Signature] Superintendent Registrar