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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.]

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BIRTHS Registered in the District of MT in the Union of Leinster in the County of Dublin

No. (1.)	Date and Place of Birth. (2.)	Name (if any). (3.)	Sex. (4.)	Name and Surname and Dwelling-place of Father. (5.)	Name and Surname and Maiden Surname of Mother. (6.)	Rank or Profession of Father. (7.)	Signature, Qualification, and Residence, of Informant. (8.)	When Registered. (9.)	Signature of Registrar. (10.)	Baptismal Name, if added after Registration of Birth, and Date. (11.)
170	18 th Sept 86 Leinster 97 Conn Vassal	Henry D.H.S. Leinster Him	M	Charles D.H.S. Leinster Him	Emily Leinster formerly Meyler	District Inspector V.R. 16	B.D.H.S. Leinster Leinster Him	Eighteenth September 1886	[Signature] Registrar.	Maria Eleonora December 6 th 1886

I, [Signature] Registrar of Births and Deaths in the District of MT in the Union of Leinster in the County of Dublin do hereby certify that this is a true copy of the Entry No. 170 in the Registrar's Book of Births within the District. Witness my hand this 17 day of January 1887

[Signature] Registrar.

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 20th day of April 1887.
[Births S.]

[Signature] Superintendent Registrar.

