

# Certificate of Birth

156-50-143753

FILED

Certificate No.

1. Full name of child (PRINT) **KAREN ELIZABETH O'HALLORAN**  
 First name Middle name Last name

2. Sex **female**

3. Number of children born of this pregnancy **one**  
 4. If more than one, number of live or stillborn children

5. Date of Birth (Month) (Day) (Year) (hr) (Min) (Sec)  
**NOV. 3 1950 5 31 P.M.**

**PLACE OF BIRTH**

(a) **NEW YORK CITY** (b) **Manhattan**  
 (c) Name of Hospital by Birthplace **St. Clare Hospital for Women**  
 (d) If not in hospital, street address, No. Ave. No.

6. **USUAL RESIDENCE OF MOTHER:**  
 (a) State **New York**  
 (b) **Richmond** Post Office **Staten Isl.** and Zone  
 (c) **134 Greenfield** Apt. No.

7. **FATHER**  
 Full name **EDWARD JOSEPH O'HALLORAN**

8. **MOTHER**  
 Full name maiden **ELIZABETH MAY KEENAN**

9. Color of hair **WHITE** 10. Age at time of this birth **29** (years)

11. Color of eyes **WHITE** 12. Age at time of this birth **29** (years)

13. Birthplace (city or place and State, or Territory) **NEW YORK CITY**

14. Birthplace (city or place and State or Territory) **NEW YORK CITY**

15. Usual occupation **BUS DRIVER**

16. Total number of **ABORTIONS** in this pregnancy **4**  
 17. Number of children born **PREVIOUS** to this pregnancy and **NOW LIVING** **4**

I hereby certify that this child was born alive at the time and in the place stated above, and that all the facts stated in this certificate are true to the best of my knowledge, information and belief.

Given name added from a supplemental report: \_\_\_\_\_ (Date) \_\_\_\_\_

(Signed) **Charles W. Stee** M.D.  
 Address **St. Clare Hospital for Women** R. 22  
 Date of Report **NOV 6 19 50** Midwife

**BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH CITY OF NEW YORK**

**CITY OF NEW YORK BUREAU OF VITAL RECORDS DEPARTMENT OF HEALTH**  
 This is to certify that the following is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry of the facts has been provided by law.  
**DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE DEPARTMENT OF HEALTH IS AFFIXED THEREON. REPRODUCTION OR ALTERATIONS ARE PROHIBITED BY LAW.**

**James J. Mellon** City Registrar