

STATE OF NEW YORK.

8415 Form 1.
City of New York.

County of New York.

BIRTH RETURN.

211

(In full when possible.)

383194

1. Name of Child Minchen Sulm
2. Sex Female { Color or Race, if other than the White, } Date of Birth 28 Nov 1883
3. Place of Birth (Street and Number) 1025 E. 8th St.
4. Name of Father Joseph Sulm } if out of wedlock and name not given, write O. W.
5. Full Name of Mother Barbara
6. Maiden Name of Mother Huryenberg
7. Birthplace (Country or State) of Mother Germany Age 32
8. " " of Father --- Age 35 Occupation Driver
9. Number of Child of Mother } 6 How many of them now living 4
(whether 1, 2, 3, &c.) }
10. Name and address of Medical Attendant or other Authorized person, in own handwriting } N. Mendelsohn
Attest, 301 E. 82nd St
11. Date of this Return 25 Dec 1883