

STATE OF NEW YORK.

CERTIFICATE AND RECORD OF BIRTH

2326

Name of Child, *Rose Kille*Name and address of person making this report, } Signature, *Leopold F. W. Haas M.D.*Residence, *773 70th Ave*

DATE OF REPORT, 190

Name.	<i>Rose Kille</i>
Sex.	<i>Female</i>
Color.	<i>White</i>
Date of Birth.	<i>August 1st 1901,</i>
Place of Birth, Street and No.	<i>923 Brook Ave</i>
Father's Name.	<i>Fred Kille</i>
Residence.	<i>923 Brook Ave</i>
Birthplace.	<i>U.S.</i>
Age.	<i>27 yrs</i>
Occupation.	<i>Printer (driver)</i>
Mother's Name.	<i>Marie Kille</i>
Mother's Name before Marriage.	<i>Mekabas</i>
Residence.	<i>923 Brook</i>
Birthplace.	<i>U.S.</i>
Age.	<i>22 yrs</i>
Number of previous Children.	<i>1</i>
How many now living (in all).	<i>1</i>
Date of Record.	