

COUNTY OF NEW YORK.

STATE OF NEW YORK.

CITY OF NEW YORK.

CERTIFICATE AND RECORD OF BIRTH

No. of Certificate, _____

OF

Name of Child, *Lilly Deckelman*

Name and address of person making this report

Signature, *Catharine Strauss*Residence, *161 Throop ave*DATE OF REPORT, *March 14* 189*8*

3339C

Name.	<i>Lilly Deckelman</i>
Sex.	<i>Girl</i>
Color.	<i>White.</i>
Date of Birth.	<i>Feb 5. 98</i>
Place of Birth.	<i>587 Throoping ave</i>
Father's Name.	<i>Adrian Deckelman</i>
Residence.	<i>587 Throoping ave.</i>
Birthplace.	<i>Germany</i>
Age.	<i>24</i>
Occupation.	<i>Claier</i>
Mother's Name.	<i>Eugenie H. Deckelman</i>
Mother's Name before Marriage.	<i>Heimer</i>
Residence.	<i>587 Throoping ave</i>
Birthplace.	<i>Germany</i>
Age.	<i>22</i>
Number of previous Children.	<i>1</i>
BUREAU OF RECORDS	
How many now living (in all).	<i>1</i>
Date of Record.	<i>March 14</i>

NO MUTILATED CERTIFICATE WILL BE