

RETURN OF A BIRTH. 304571

To the Bureau of Vital Statistics, Health Department.

301 MOTT STREET, New York.

1. Full Name of Child, (if any,) *Alto Deckelmann*
2. Sex, *Male* Number of Child of Mother, (whether 1st, 2d, 3d, &c.) *3rd*
3. Race or Color, (if not of the white race,)
4. Date of Birth, *24 Januar 1881*
5. Place of Birth, (Street and Number,) *215 Est 47 St*
6. Full Name of Mother, *Barbara Deckelmann*
(Maiden Name,) *Reubel*
7. Mother's Birthplace and Age, *28 New York*
8. Mother's Residence, *215 Est 47 St*
9. Full Name of Father, *Basasar Deckelmann*
10. Father's Occupation, *Saw Müller*
11. Father's Birthplace and Age, *29 Germany*
- Signature of Medical Attendant, *M. W. W. W.*
- Address of Medical Attendant, *975-2 Avenue*
- Name of Person who makes this Return, *Mrs Mattern*
- Date of this Return, *Januar Februar 3^e 1881*

N. B.—This form is designed to secure a faithful report of birth from the Attending Physician, or some one of the persons who was present at the birth. This law will be rigidly enforced, both as regards the Medical Attendant and the Parents of the child.