RETURN OF A BIRTH. 7284

To the Bureau of Vital Statistics, Health Department. 333053

301 MOTT STREET, New York.

1. *Full Name of Child, (if any,)* Annie Deckelman
2. *Sex,* Female *Number of Child of Mother,* (whether 1st, 2d, 3d, &c.) 3
3. *Race or Color, (if not of the white race,)* White
4. *Date of Birth,* 28th of Feb
5. *Place of Birth, (Street and Number,)* 220 E 47 St
6. *Full Name of Mother,* Elisebeth Deckelman
   (Maiden Name,) Elisebeth Kally
7. *Mother's Birthplace and Age,* Elsefelt Germany 33 years
8. *Mother's Residence,* 220 E 47 St
9. *Full Name of Father,* Philip Deckelman
10. *Father's Occupation,* Night watchman
11. *Father's Birthplace and Age,* New York City 33 Years

Signature of Medical Attendant, J H Hildebrandt MD

Address of Medical Attendant, 314 E 55th St New York City

Name of Person who makes this Return, J H Hildebrandt MD

Date of this Return, March the 8th 1882

Attendant and the Parents of the child.