Form 1.

STATE OF NEW YORK.

4046

375184

County of New York. City of New York.

11

# BIRTH RETURN.

(In full when possible)

1. Name of Child ~~Siegmund~~ Bertha Deckelman
2. Sex Girl { Color or Race, if other than the White, } White Date of Birth Aug 23 1883
3. Place of Birth (Street and Number) No. 717-7th Ave
4. Name of Father Siegmund Deckelman { If out of wedlock and name not given, write O. W.
5. Full Name of Mother Kate Deckelman
6. Maiden Name of Mother Deckelman
7. Birthplace (Country or State) of Mother New York Age 39
8. " " of Father Germany Age 38 Occupation Lager Beer Keeper
9. Number of Child of Mother (whether 1, 2, 3, &c.) 5 How many of them now living 3
10. Name and address of Medical Attendant or other Authorized person, in own handwriting { Attest, Maria Becker 630 8th Ave Elizabeth Becker
11. Date of this Return Aug 29. 1883