

County of New York.

STATE OF NEW YORK.

Form 1.

12455
387188
City of New York.

BIRTH RETURN.

(In full when possible.)

311
387188

1. Name of Child *Therese Deckelmann*
2. Sex *Color or Race, if other than the White,* Date of Birth *January 13* 188*4*.
- Place of Birth (Street and Number) *220 E 47 St.*
3. Name of Father *Philipp Deckelmann* { If out of wedlock and name not given, write O. W.
5. Full Name of Mother *Elisabeth Deckelmann*
6. Maiden Name of Mother *Elisabeth Hally*
7. Birthplace (Country or State) of Mother *German* Age *36*
8. " of Father *New York* Age *35* Occupation *machinist*
9. Number of Child of Mother { *4* How many of them now living *4*
(whether 1, 2, 3, &c.)
10. Name and address of Medical Attendant or other Authorized person, in own handwriting { *Altest, Margaretha Jodenhauer 2426 47th St.*
11. Date of this Return *January 21* 188*4*,