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STATE OF NEW YORK.

County of New York. City of New York.

BIRTH RETURN.

93

(In full when possible.)

1. Name of Child Louisa Decklemann
2. Sex female { Color or Race, If other than the White } White Date of Birth.

MONTH	DAY	YEAR
Nov 13th		1885

3. Place of Birth (Street and Number) 588 2nd Ave.
4. Name of Father Sigmund Decklemann { If out of wedlock and name not given, write O. W.
5. Full Name of Mother Martha "
6. Maiden Name of Mother " Decklemann
7. Birthplace (Country or State) of Mother ~~Germany~~ U. S. Age 37 years.
8. " " of Father Germany Age 40 years. Occupation Saloon-keeper
9. Number of Child of Mother (whether 1, 2, 3, &c.) 6 How many of them now living 4
10. Name and address of Medical Attendant or other authorized person, in own handwriting } Signature Elise Steckenreiter Address 1033 2nd Ave.
11. Date of this Return Nov. 19th 1885