Form 1.

11 498033

STATE OF NEW YORK.

County of New York. *City of New York.*

BIRTH RETURN.

(In full when possible.)

1. *Name of Child* France Anton Deckelman
2. *Sex* ...... *Color or Race, if other than the White,* 17 *Date of Birth* Aug 1887
3. *Place of Birth (Street and Number)* 220 East 47 St.
4. *Name of Father* Philip Deckman (If out of wedlock and name not given, write O. W.)
5. *Full Name of Mother* Elisebeth Deckman
6. *Maiden Name of Mother* Elisebeth Halby
7. *Birthplace (Country or State) of Mother* Germany *Age* 39
8. " " *of Father* New York *Age* 39 *Occupation* Enshiner
9. *Number of Child of Mother (whether 1, 2, 3, &c.)* 6 *How many of them now living* 6
10. *Name and address of Medical Attendant or other Authorized person, in own handwriting* Attest, Margaret Afolenhauer 242 East 47 St.
11. *Date of this Return* Aug. 25 1887

HEALTH DEPARTMENT
Sanitary Bureau Vital Stat.
AUG 26 1887
NEW YORK.