24129

Form 1.

STATE OF NEW YORK.

County of New York. City of New York.

CERTIFICATE OF BIRTH.

No. of Certificate 24129

1. Name of Child (In full when possible.) Etna Deckelman

2. Sex female { Color or Race, If other than the White } Date of Birth, Month: Aug Day: 25 Year: 1889

3. Place of Birth (Street and Number) 202 East 78 St

4. Name of Father John Deckelman { If out of wedlock omit name of Father, and write O. W. }

5. Full Name of Mother Ida Deckelman

6. Maiden Name of Mother Lesch

7. Birthplace (Country or State) of Mother New York Age 20 years.

8. " " of Father New York Age 25 years. Occupation Photographer

9. Number of Child of Mother (whether 1, 2, 3, &c.) 1 How many of them now living 1

10. Name and address of Medical Attendant or other authorized person, in own handwriting { Signature Chas Roth MD Address 217 E 77 St

11. Date of this Return Aug 28 /89