Form B, Jan. 1, 1880.

CERTIFICATE OF BIRTH, BROOKLYN.

7863

8171

1.—*Full Name of Child* Annie Kible

2.—*Sex:* ~~Male,~~ Female.* 3.—*No. of Child of Mother,* 5; 4.—*White,* ~~Colored.~~*

5.—*Date of Birth,* 10 May 1891; 6.—*Hour of Birth,* 8 A. M.; P. M.;

7.—*Place of Birth,*† 102 Throop av & St. 21 *Ward;* *Mother's res.,* 102 Throop;

8.—*Mother's Full Name,* Betricher Kible; 9.—*Age,* 36 *years;*

10.—*Mother's Maiden Name,* Style; 11.—*Birthplace,*‡ Brooklyn

12.—*Father's Full Name,* William Kille; 13.—*Age,* 36 *years;*

14.—*Father's Occupation,* tin Schmith; 15.—*Birthplace,*‡ England

16.—*Medical Attendant,* Mrs G Strauss *Address,* 761 Park ave;

17.—*Person making this Return,* Mrs Strauss

* Cross off words not required,
† If in Public Institution, state name.
‡ Insert State or Country.

Date of Return, August 4 1891