Form 1.

County of New York. STATE OF NEW YORK. City of New York.

CERTIFICATE OF BIRTH.

No. of Certificate 9419 9419

(To fill when possible)

1. Name of Child Henriette Simon

2. Sex fem'l (Color or Race, (If other than the White) Date of Birth, MONTH March DAY 21 YEAR 1889

3. Place of Birth (Street and Number) 207 E. 107th St.

4. Name of Father Louis Simon (If out of wedlock omit name of Father, and write O. W.)

5. Full Name of Mother Jenny Simon

6. Maiden Name of Mother Hart

7. Birthplace (Country or State) of Mother New York City Age 37 years.

8. " " of Father Germany Age 43 years. Occupation Examiner of Work

9. Number of Child of Mother (whether 1, 2, 3, &c.) 15 How many of them now living 8

10. Name and address of Medical Attendant or other authorized person, in own handwriting } Signature Ad. Zederbaum, Md. Address 111 E. 111 St.

11. Date of this Return March 29th, 1889

To Attached Certificate will be issued. The particulars required by this Certificate must be written with Black Ink.

Department of Records

MUNICIPAL ARCHIVES
31 Chambers Street, Room 103
New York, NY 10007
Tel: 311 or (212) NEW- YORK (out-side NYC)
www.nyc.gov/records

EXEMPLIFICATION OF BIRTH, DEATH, OR MARRIAGE RECORD

I, Leonora A. Gidlund, Director of the Municipal Archives Division of the New York City Department of Records and Information Services, a Department of the municipal corporation known as the City of New York, do hereby certify that the attached transcript of the certificate of ✓ Birth _____ Death _____ Marriage is a true copy of the original now on file in the Municipal Archives; that I have compared the said transcript with the original record, and that the same is a correct transcript of said original record and of the whole thereof; and that the seal thereon impressed is the official seal of the Department of Records and Information Services. I further hereby certify that I am the Director of the Municipal Archives Division of the New York City Department of Records and Information Services, where said certificate and record is on file; and that I am authorized to certify the said record in accordance with Section 552-2.0 of the *Administrative Code of the City of New York.*

The foregoing transcript is a true copy of said original record, identified as:

Certificate Number 9419 Year 1889

Place of ✓ Birth _____ Death _____ Marriage Manhattan

In witness whereof I have hereunto set my hand
and caused the seal of the Department of
Records and Information Services of the City of
New York to be affixed this 14 day of
May in the year 2013.

Leonora A. Gidlund
Signature

NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES

MUNICIPAL ARCHIVES
31 Chambers Street
New York, N.Y. 10007

This exact copy of a _____certificate should not be accepted unless the raised seal of The Department of Records and Information Services is affixed thereon. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

In issuing this copy of the record, the Department of Records and Information Services does not certify to the truth of the statements made thereon, as no inquiry to the facts has been provided by law.

Eileen M. Flannelly
Commissioner, Department of Records

Leonora A. Gidlund
Director, Municipal Archives