

County of New York.

STATE OF NEW YORK.

350469
1689

BIRTH RETURN. 350469

City of New York.

(On full when possible.)

1. Name of Child *Viola Simon*
2. Sex *Female* (Add or Race, if other *white* Date of Birth *11th of Feb 1882* (All city, give name, street and number; if not, give township, (village,) and county.)
3. Place of Birth *440 E 58 St*
4. Name of Father *Simon Simon* (If not of wedlock and name not given, write O W.)
5. Maiden and full Name of Mother *Henrietta Bette Simon*
6. Birthplace (or Country) of Father *Germany* Age *37* Occupation *Merchant*
7. Birthplace (or Country) of Mother *Germany* Age *36*
8. Number of this Mother's Previous Children *9* How many of them now living *5*
9. Name and address of Medical Attendant or other authorized person, in own handwriting. *J. W. Adams M.D. 214 E 60 St*
10. Date of this Return *17th of Feb 1882*

UNKNOWN PERSON