

484512

STATE OF NEW YORK.

13484512

County of New York.

City of New York.

BIRTH RETURN.

344

(In full when possible.)

1. Name of Child

Samuel Julius Simons

2. Sex

M

{ Color or Race.
Mother than the White }

Date of Birth,

MONTH DAY YEAR
March 17 1887

3. Place of Birth (Street and Number)

1521-First Ave

4. Name of Father

Joseph Simons

{ If out of wedlock and name
not given, write O. W.

5. Full Name of Mother

Jeanette Simons

6. Maiden Name of Mother

" Hart

7. Birthplace (Country) of Mother

New York

Age 36 years.

8. " " of Father

Poland Age 39 years. Occupation Farmer of Ave

9. Number of Child of Mother
(whether 1, 2, 3, &c.)

13

How many of them now living

1

10. Name and address of Medical Attendant or
other authorized person, in own handwritingSignature
AddressJulius & Mollie Simons
308 E. 79th St

11. Date of this Return

Mar 22/87



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 484512 Year 1887

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 1 day of
May in the year 2013.


Signature