

484512

STATE OF NEW YORK.

/ 3484512

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,
If other than the White)

Date of Birth,

MONTH

March

DAY

17

YEAR

1887

3. Place of Birth (Street and Number)

1521 - First Ave

4. Name of Father

Louis 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
or State) of Mother

New York

Age 36 years.

8. " " of Father

Poland

Age 39 years. Occupation Gamekeeper

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

13

How many of them now living

7

10. Name and address of Medical Attendant or
other authorized person, in own handwriting

Signature

Julius Roth M.D.

Address

308 E. 79th St

11. Date of this Return

Mch 22 / 89



**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