

THE CITY OF NEW YORK.
DEPARTMENT OF HEALTH.

STATE OF NEW YORK.

No. of Certificate

CERTIFICATE AND RECORD OF BIRTH 42879

THIS MUTILATED CERTIFICATE WILL BE RESERVED.

Name of Child Baby Simon

Sex	Male	Father's Occupation	Longshoreman
Color	White	Mother's Name	Lizzie Simon
Date of birth	Aug 13 1915	Mother's Street Address	Lizzie Dechner
Place of Birth, Street and No.	327 E 60	Father's Residence	265 E 78
Father's Name	Nam. Simon	Mother's Age	27 ***
Father's Residence	265 E 78	Number of Previous Children	1
Father's Birthplace	A.S.	How many living in family	1
Father's Age	27		

I, the undersigned, hereby certify that I attended professionally at the birth and I make this certificate and report of birth are true to the best of my knowledge.

Signature, Harkch Haledka

AUG 21 1915

DATE OF REPORT, August 20 1915 Residence, 327 E 60 FT

CITY OF NEW YORK

BUREAU OF VITAL RECORDS

DEPARTMENT OF HEALTH

This is to certify that the following is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry of the facts has been provided by law.
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June A. Scanlon City Registrar