

CITY OF NEW YORK.  
DEPARTMENT OF HEALTH.

STATE OF NEW YORK  
CERTIFICATE AND RECORD OF BIRTH **42879**

No. of Certificate

Name of Child Baby Simon

Sex	<u>Male</u>	Father's Occupation	<u>Longshoreman</u>
Color	<u>White</u>	Mother's Name	<u>Lizzie Simon</u>
Date of birth	<u>Aug 13 1915</u>	Mother's Name before Marriage	<u>Lizzie Dickner</u>
Place of Birth, Street and No.	<u>327 E 60</u>	Mother's Residence	<u>265 E 78</u>
Father's Name	<u>Sam. Simon</u>	Mother's Residence	<u>Russia</u>
Father's Residence	<u>265 E 78</u>	Mother's Age	<u>27</u>
Father's Birthplace	<u>U.S.</u>	Number of previous Children	<u>1</u>
Father's Age	<u>27</u>	How many now living (in all)	<u>1</u>

I, the undersigned, hereby certify that I attended professionally at the site of birth and I am a duly qualified and licensed person at the birth stated above. The date and report of birth are true to the best of my knowledge, information and belief.

Signature, Harold Halsted

Residence, 327 E 60 St

AUG 21 1915

DATE OF REPORT August 20 1915

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.

DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE DEPARTMENT OF HEALTH IS AFFIXED

THEREON. REPRODUCTION OR ALTERATIONS ARE PROHIBITED BY LAW. June A. Scanlon City Registrar

NO DUPLICATED CERTIFICATE WILL BE RECEIVED.