	STATE OF	NEW	YORK.	Form 1.
County of New York.		•		City of New York.
I	BIRTH	RET	URN.	2004603
(In full when p	ossible	w the larged the se	X	333102
1. Name of Child	Villin	111)	V Ine	a H
Man (Colon on	Race, if other	Mart	(/	1.110 / 1880
than	the White.	Committee and a second	of Birth	1882
11	y, give name, street and namb	er; if not, give town	iship, (village,) and con	unty.
3. Place of Birth.	12	1	97	
4. Name of Father	John /	Dieg		If out of wedlock and name not given, write O. W,
5. Maiden and full, Name of Mother,	Muna	libel	Dug	3
6. Birthplace (or Country) o	f Father Je	1 4	10.45	Occupation above
or Divinipleace (in Country)	j ramer	Thi	Age / O	Occupation Core
7. Birthplace (or Country) o	f Mother	UG		100 42
8. Number of this Mother's	Previous Children	05	How many	of them now living 6
9. Name and address of J	Medical Attendant	or is	Antin	Last
other Authorized person,		12	O O	111
	9/10/0	400	239	3 XH XX
10. Date of this Return	Mann 1	00		The state of the s

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