

To the BUREAU OF RECORDS,**DEPARTMENT OF HEALTH, CITY OF NEW YORK.****16719**The following is a true return of the Given Name of an Infant that was born.....*April 17*.....190*3*

[Given Name]

[Family Name]

[Name in Full.]

[Parents' Names.]

STATE AND CITY OF NEW YORK,

} ss.:

COUNTY OF.....

I, *Joseph Nadel*, above named, deposeand say: that I reside at No. *209 E. 114th Street* Street,in the City of New York, Borough of *Manhattan*That I am the *father* of the child above named, that the name of said child as above stated and also the names of its parents as above stated, are true and correct, and this affidavit is made for the purpose of having the Board of Health complete the record of the birth of said child.Sworn to before me this *7*.....day of *April*.....19*19*

Notary or Commissioner

Title of Office.

Joseph Nadel

2 H-1901

CITY OF NEW YORK.

No. of Certificate,

STATE OF NEW YORK

CERTIFICATE AND RECORD OF BIRTH

OF

16719

Name of Child,

GLADYS — Nadel

Name and address of person
making this report.

Signature,

E. Lorenz md

Residence,

1658 Lexington

DATE OF REPORT,

Apr 18 1903

Name	GLADYS Nadel
Sex	female
Color	white
Date of Birth.	Apr 17 / 1903
Place of Birth, Street and No.	115 E 108 st
Father's Name	Joseph Nadel
Residence.	115 E 108 st
Birthplace.	Austria
Age.	42 yrs
Occupation.	Freeman
Mother's Name.	Opheelia Nadel
Mother's Name before Marriage.	Opheelia Shans
Residence.	115 E 108 st
Birthplace.	USA
Age.	41 yrs
Number of previous Children.	6
How many now living (in all).	5
Date of Record.	Apr 18 / 1903

NO MUTILATED CERTIFICATE WILL BE RECEIVED.