

RETURN OF BIRTH.

RSK

SEE PENALTY FOR NON-REPORT WITHIN 30 DAYS.

Use Ink, and write plainly, especially names.

Full name of Child (if any) *Margarida*

Reider

Sex *F* Color *W*

Date of Birth *July 28* 189*9*

Place of Birth *26 Straights St.*

Paterson New Jersey
(If city, give name, street and number.)

Name of Father *Jerome Henry*

Reider (If out of wedlock, write O. W.)

Maiden name of Mother *Fredericka*

Buehler

Country of Father's Birth *US*

Age *41* Occupation *Cyber*

Country of Mother's Birth *Germany*

Age *36*

Number of Children in all by this Marriage *6*

How many living *6*

Name and P. O. Address of Medical Attendant, in own

handwriting, with date. *Rush*