

## STATE OF NEW YORK.

319637 Form 1.

County of New York.

City of New York.

## BIRTH RETURN.

(In full when possible.)

1. Name of Child *Jacob Spring*
2. Sex *male* { Color or Race, if other } *than the White.* Date of Birth *September 5<sup>th</sup> 1887*  
(If city, give name, street and number; if not, give township, (village,) and county.)
3. Place of Birth *57 Suffolk St*
4. Name of Father *Hermann Spring* { If out of wedlock and name not given, write O. W.,
5. Maiden and full, Name of Mother, } *Lizzie Spring (Ligoner)*
6. Birthplace (or Country) of Father *Germany* Age *24* Occupation *Sailor*
7. Birthplace (or Country) of Mother *New York* Age *27*
8. Number of this Mother's Previous Children *1* How many of them now living *1*
9. Name and address of Medical Attendant or other Authorized person, in own handwriting, } *Samuel Schare*  
*138 Livingston St*
10. Date of this Return *September 8<sup>th</sup> 1887*

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