

STATE OF NEW YORK.

CERTIFICATE AND RECORD OF BIRTH

No. of Certificate,

25506

25506

RECEIVED
 DIVISION OF VITAL STATISTICS
 Received and Recorded
 28 AUG. 1890
 CITY OF NEW YORK

Name and address of person making this report } Signature, *F. Lillie Spring*
 Residence, *Samuel Square Bk*
 DATE OF REPORT, *August 27th* 1890

Name.	Sex.	Color.	Date of Birth.	Place of Birth.	Father's Name.	Residence.	Birthplace.	Age.	Occupation.	Mother's Name.	Mother's Name before Marriage.	Residence.	Birthplace.	Age.	Number of previous Children.	How many living (in all).	Date of Record.
<i>F. Lillie Spring</i>	<i>female</i>	<i>white</i>	<i>August 28th 1890</i>	<i>38 Street St</i>	<i>Hegmann Spring</i>	<i>38 Street St</i>	<i>Germany</i>	<i>34 years</i>	<i>Walter</i>	<i>F. Lillie Spring</i>	<i>Ida Pomer</i>	<i>38 Street St</i>	<i>New York</i>	<i>36 years</i>	<i>5</i>	<i>5</i>	<i>August 27th 1890</i>