THE CITY OF NEW YORK. DEPARTMENT OF HEALTH. STATE OF NEW YORK.			No. of Certificate,
CERTIFICATE AND RECORD OF BIRTH 13227			
Name of Child Mathaw Madanokef 1			
Sex	male	Father's Occupation	Real Estate
Color	White	Mother's Name	Mary Madausky
Date of Birth	april 15,09	Mother's Name before Marriage	many Levy
Place of Birth, Street and No.	33/Saratogale	Mother's Residence	33/ Saralfga Coz
Father's Name	Isaac Mallausky	Mother's Birthplace	Russia
Father's Residence	33/ Laratogaa	Mother's Age	1 S Total Marie Ma
Father's Birthplace	Rusaik	Number of previous Children	Medicared of the December of the De
Father's Age	36	How many now living (in all)	6
1, the undersigned, hereby certify that I attended professionally at the above birth and am personally cognizant thereof; and all the facts stated in said certificate and report of birth are true to the best of my knowledge, information and belief. Signature			
DATE OF REPORT, Soil 30, 19 Residence, 1422 St. Markolliz			