

CITY OF NEW YORK.

No. of Certificate, ⁷STATE OF NEW YORK
CERTIFICATE AND RECORD OF BIRTH

8410

Name of Child, *Netta Lissner*Name and address of person
making this report, } Signature, *Jacob Martin Handl M.D.*Residence, *746 - 5th*DATE OF REPORT, *Feb 20th* 1903

Name	Sex	Color	Date of Birth	Place of Birth, Street and No.	Father's Name	Residence	Birthplace	Age	Occupation	Mother's Name	Mother's Name before Marriage	Residence	Birthplace	Age	Number of previous Children	How many now living (in all)	Date of Record
<i>Netta Lissner</i>	<i>Female</i>	<i>White</i>	<i>Feb 11-1903</i>	<i>277-7th</i>	<i>Max Lissner</i>	<i>277-7th</i>	<i>N.Y.</i>	<i>27-7</i>	<i>Bookbinder</i>	<i>Netta Lissner</i>	<i>Beut</i>	<i>277-7th</i>	<i>N.Y.</i>	<i>27-7</i>	<i>4</i>	<i>3</i>	

NO MUTILATED CERTIFICATE WILL BE RECEIVED.