

CERTIFICATE AND RECORD OF BIRTH **7985**

OF

DECEASED
THIS TRANSCRIPT WAS ISSUED
AFTER THE DEATH OF THE SUBJECT

Name of Child *George Frederick*

Sex	<i>Male</i>	Color	<i>White</i>	Mother's Marriage Name	<i>Josephine Frederick</i>
Date of Birth	<i>Feb. 14th 1920</i>			Mother's Name Before Marriage	<i>Josephine Walsh</i>
Place of Birth Street, No. and Borough	<i>510 West 19th St.</i>			Mother's Residence	<i>510 West 19th St.</i>
Father's Name	<i>Edward James Frederick</i>			Mother's Birthplace	<i>New York City</i>
Father's Residence	<i>510 West 19th St.</i>			Mother's Age	<i>23</i>
Father's Birthplace	<i>New York City</i>			Mother's Occupation	<i>Housewife</i>
Father's Age	<i>32</i>	Color	<i>White</i>	Number of Children Born to this Mother including Present Birth	<i>4</i>
Father's Occupation	<i>Cosmetics Refractor</i>			Number of Children of this Mother Now Living	<i>4</i>

I, the undersigned, hereby certify that I attended professionally at the above birth and I am personally cognizant thereof; and that all the facts stated in said certificate and report of birth are true to the best of my knowledge, information and belief.

Signature *Deborah Sherman*

PHYSICIAN
MIDWIFE

Residence *325 W 14th St*

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Irene A Scanlon

IRENE A SCANLON
CITY REGISTRAR

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BUREAU OF VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

DATE ISSUED

AUG 2 1988

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