

CITY OF NEW YORK.
DEPARTMENT OF HEALTH.

STATE OF NEW YORK.

No. of Certificate,

CERTIFICATE AND RECORD OF BIRTH

47072

47072

Name of Child, *Samuel* ^{OF} *Koss*

Sex.	<i>Male</i>	Father's Occupation.	<i>Tailor</i>
Color.	<i>White</i>	Mother's Name.	<i>Gussie Koss</i>
Date of Birth.	<i>Oct 30th 1903</i>	Mother's Name before Marriage.	<i>Gussie Sueskind</i>
Place of Birth, Street and No.	<i>259 Stanton St.</i>	Mother's Residence.	<i>259 Stanton St.</i>
Father's Name.	<i>Nathan Koss</i>	Mother's Birthplace.	<i>Austria</i>
Father's Residence.	<i>259 Stanton St.</i>	Mother's Age.	<i>27 years</i>
Father's Birthplace.	<i>Austria</i>	Number of previous Children.	<i>none</i>
Father's Age.	<i>38 years</i>	How many now living (in all).	<i>one</i>

Name and address of person } *Signature,*
making this report. }*Residence,*DATE OF REPORT, *Oct 30th* 190*3*