

NEW JERSEY STATE DEPARTMENT OF HEALTH
TRENTON, N.J.

SEPTEMBER 9, 1976
(Date)



NOTE: If this is a copy of a birth record, any agreement of or difference between the child's surname and the surname of its father does not imply legitimacy or illegitimacy. This is merely a copy of the information supplied for preparation of the original birth certificate.

THIS IS TO CERTIFY THAT THE FOLLOWING IS A TRUE COPY OF A RECORD FILED IN THIS DEPARTMENT.

Charles A Karbent

State Registrar of Vital Statistics

James P. Finley MD

State Commissioner of Health

WARNING: DO NOT ACCEPT THIS COPY UNLESS THE RAISED SEAL OF THE STATE DEPARTMENT OF HEALTH IS AFFIXED HEREON.

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NEW JERSEY STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DELAYED REPORT OF BIRTH

| | | | |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Place of Birth <u>NEWARK N.J.</u> | | 2. Usual Residence of Mother (Where did mother live) | |
| a. County: <u>ESSEX CO.</u> | | a. County <u>ESSEX CO.</u> | |
| b. City Borough Township <input type="checkbox"/> <u>NEWARK N.J.</u> (Check box and give name) | | b. City Borough Township <input type="checkbox"/> <u>NEWARK N.J.</u> (Check box and give name) | |
| c. Name of Hospital or Institution <u>HOME</u> (If not in hospital or institution give street address or location) | | c. Street Address (If rural, P.O. Address) <u>LIVINGSTON ST. NEWARK N.J.</u> | |
| 3. NAME OF CHILD (Type or Print) | | | |
| <u>MOLLIE DRESSLER</u> (First) | | (Middle) (Last) | |
| 4. Sex <u>FEMALE</u> | 5. This Birth Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 6. Was mother married to father of child? <u>YES</u> | 7. Date of Birth <u>4/12/1898</u> |
| 8a. Father's Name <u>SAMUEL DRESSLER</u> | | 8b. Color or Race <u>WHITE</u> | 8c. Birthplace <u>HUNGARY</u> |
| 9a. Mother's Maiden Name <u>ESTHER POLNER</u> | | 9b. Color or Race <u>WHITE</u> | 9c. Birthplace <u>AUSTRIA</u> |

10. AFFIDAVIT
LENA FISCH being duly sworn, says that (she has knowledge of the facts concerning this birth and that all information shown in this certificate is true and correct.

Signature of Affiant Lena Fisch Age 81 Relationship to Child 1st Cousin

Address 60 EAST 37th STREET, PATERSON, NEW JERSEY

List documents submitted as proof: CENSUS REPORT - 1900 SHOWS 4R. PLACE OF BIRTH

Subscribed and sworn to before me at PATERSON New Jersey this 3 day of August, 1976

Signed Carmela Bond Official Title J.D.C.
(notary public, town clerk or attorney not licensed in N.J. is not permitted to sign)

11. Date Filed SEPT 9 1976 12. Registrar's Signature Charles A Karbent

State Registrar

PENALTY FOR FALSE CERTIFICATE \$500.00
TYPE OR WRITE PLAINLY WITH UNFADING BLACK INK