

RETURN OF A BIRTH 56459

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



Name of Child: *Emilie A. Doetsch*

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st child*

1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *30 June 1882*
 4. Place of Birth, (Street and Number) *S. Broadway 88*
 5. Full Name of Mother, *Johanna Doetsch*
 6. Mother's Maiden Name, *Johanna Pohle*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Louis Doetsch*
 9. Father's Occupation, *Lithographer*
 10. Father's Birthplace, *Bavaria, Germany*
- Name of Medical Attendant, *A. Reinhard*
Address, *224 W. Fayette Street*
Remarks,