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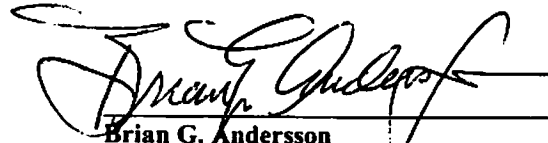
Name of Child, Johanna Frances August 1895  
Name and address of person making this report, Signature, [Signature]  
Residence, 1213 P. O. Box  
DATE OF REPORT, 189

Name.	Sex.	Color.	Date of Birth.	Place of Birth.	Father's Name.	Mother's Name.	Birthplace.	Age.	Occupation.	Mother's Name before Marriage.	Residence.	Birthplace.	Age.	Number of Previous Children.	How many living in all.	Date of Record.
Johanna	F		Aug 10 95	St. Louis	John	Frances	St. Louis	32	Housewife	Frances	1213 P. O. Box	St. Louis	32	2	1	

**NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES  
MUNICIPAL ARCHIVES  
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**Brian G. Andersson  
Commissioner, Department of Records**

  
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**Leonora A. Gidlund  
Director, Municipal Archives**