Spi. 6 U. S. DEPARTMENT OF LABOR IMMIGRATION SERVICE SAN FRANCISCO, CALIF.

AC	CTION SHEET, FIRST DAY LANDINGS
NAME Leong	annie No. 30560 /7-9
CLASS Mate	
DESTINATION	Ockland DATE JUL 4 - 1931
Accompanied by	7 0 11/4/2
	REPORTED: Favorably
	H. Echmoldt
	Inspector.
	DATE JUL 4 - 1931
Inspector in Ch Deportat	
Land within-	named applicant on identification.
	a. Inclini
	Acting Commissioner.
	DATE JUL 4 - 1931
ADMITTED.	· X · \
14—548 g. s. government printing offi	For Deportation and Detention Division.

Form 2602 U. S. IMMIGRATION SERVICE San Francisco, Calif. Class What are your names? How many times have you been married? (Give names of wives dates of marriage, kind of feet, and whether living or dead) How many children Is your wife have you over had -Cons____: Daughters / Lo: now pregnant? Give name, sex, age, date of birth, and present location of each: Name - age - sex - birth date - location Did you take any money, letters or anything else from the United States to any one in China on this trip, and if so, to whom? / Did you take anything to any one else in China on this trip? Did you visit any resident of this country who happoned to be at his home during your recent stay in China, or did you visit the home of such reside Were you introduced to the son, daughter, or wife of any resident of this country? Did you attend the wedding of any resident of this country, or of the son or daughter of any resident? (NOTE) Witness should be advised that his statements in reply to these questions will be used should be testify at any future time as to the relationship claimed to exist between an applicant for admission and a Chinese resident of the United States. Indicate compliance with above instructions by notation "Witness so adviscd." Are you accompanied by any one, if so, whom? Signature of applicant: Signature of Inspector: H. 5/moldt Interpreter:

Spl. 5 U. S. DEPARTMENT OF LABOR IMMIGRATION SERVICE

APPLICATION AND RECEIPT FOR CERTIFICATE OF IDENTITY

Application taken by Date
San Francisco, Calif., 7/24/31,19
San Francisco, Calif.,
RECEIVED FROM COMMISSIONER OF IMMIGRATION, Port of San Francisco—
Certificate of Identity No, issued in the
NameAge Age
Height:feet,inches. Occupation
PlaceAdmitted as
No. 30360/7-9s. s. Date 7-43/,19
Physical marks Augustum 15 miles 1 mil
Give first arrival and all subsequent trips:
First arrival
Departed
Returned
Departed
Returned
Departed
Returned
Did you register? (If not, give reasons.)
Have you any other papers showing your right to be and remain in the United States?
20,0101
Address where identification card should be sent
last -
Applicant.
ATTEST: OCALISON 471
E. S. GOVERNMENT PRINTING OFFICE: 1028 14-546

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U. S. DEPARTMENT OF LABOR IMMIGRATION SERVICE SAN FRANCISCO, CAL.

ACTION SHEET, DEPART

14—552 00 THROUGHT FULTUTION OFFICE		Represented by Remarks: Remarks:	Name Annie Leong Class Nettow (new) (4) Address Cakland Address Cakland Date filed 5-23-1930
(Date)	une 13 1	930 Reported Favorally	al Borstan
(Date)		Forwarded to Law Section.	Inspector in Charge,
(Date)		Action	Po Law Section.
(Date)	UL 1 6 193	0 Action APPROVED	Adafrag Commissioner.
(Date)	***********	Appealed by	
(Date)		Department decision	
(Date)		Departed per S. S.	For Deportation and Detention Division

用所之證憑實立返而外由國美離欲生土為專禀此 禀號壹

U. S. DEPARTMENT OF LABOR

IMMIGRATION SERVICE

4221 10 to 10

San Francisco, Calif.

To Commissioner of Immigration

Officer in Charge, Immigration Service,

Angel Island, Calif.

DESCRIPTION:

Height 4192 Two faint porary visit abroad, d porary visit abroad, d porary porary visit abroad, d porary porary por of entry of apply, under the province of nose.

STUDENT, 14 yrs.

Sir: It being my intention to leave the United States on a temporary visit abroad, departing and returning through the Chinese

This application is submitted in triplicate with my photograph

attached to each copy, as required by said rule.

Respectfully,

Signature in Chinese &

English 簽 番 字 名
Address 具 禀 人 之 住 址

名 Canada Service 101 Eighth St., C

PORT OF

SAN FRANCISCO

JUL 1 6 1930

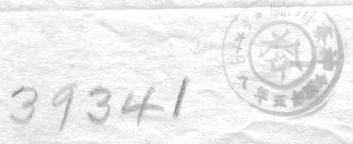
SCHOOL

, 192.

This is to certify that the person of Chinese descent named herein, and whose photograph is attached, under the signature of the investigating officer and under my signature and seal to the above application, has filed in my office the duplicate of this application and evidence in corroboration of his claimed American citizenship. Upon his return to this port and his identification as the person to whom this paper thus approved is delivered, he will be permitted to reenter the United States unless pending such return it has been found that his claim is false.

Commissioner of Immigration, Inspector in Charge.

14-73





In re application of Annie Leong for a citizen's return certificate.

State of California County of Alameda

Leong Moon and Lau Shee, being first each duly sworn, depose and say:

That your affiant, Leong Moon, is lawfully domiciled within the United States, having been first admitted thereto, at the port of San Francisco, about December, 1897, ex as "Rio de Janeiro", and having been last admitted, ex ss Tenyo Maru, Dec. 17, 1909;

That your affiant, Lau Shee, is a lawfully domiciled resident of the United States, having been admitted thereto, as the wife of Leong Moon, at the port of San Francisco, ex ss Tenyo Maru, Dec. 17, 1909, ticket No. 1617;

That there was born to your affiant and her said husband, Leong Moon, at their residence No. 821 Jackson Street, San Francisco, on the 28th day of June, 1916, a female child named Annie Leong:

That your affiants make this sworn statement, and attach hereto photographs of themselves and of their said daughter, Annie Leong, for the purpose of identification and in order to aid the latter to establish her birth in the United States.

Subscribed and sworn to before me

1930.

Public.

In re application of Annie Leong for a citizen's return certificate.

State of California) state of California) state of California) state of California) state of California

Grace Simon, being first duly sworn, deposes and says:

That affiant is a duly licensed physician, residing at No. 3555 Eighteenth Street, in the City and County of San Francisco, State of California;

That your affient attended Lau Shee, when she gave birth to a female child named Annie Leong, at her residence at No. 821 Jackson Street, San Francisco, on the 28th day of June, 1916;

That Leong Moon, sometimes known as Chow Gang Leong Moon, is the husband of the said Lau Shee, and the father of the said Annie Leong;

That affiant has attended this family professionally for the past fifteen or twenty years, and identifies the photograph, attached to the accompanying joint affidavit of the parents, as a good and true likeness of the said Annie Leong, who was born at the time and place Poresaid;

That affiant makes this sworn statement for the purpose of aiding the said Annie Leong to establish her birth in the United States.

Subscribed and sworn to before me

this 18th day of Clary

1930

No tany Public.

No 268

C fornia State Board of He h

BUREAU OF VITAL STATISTICS

1 PLACE OF BIRTH CITY AND COUNTY OF SAN FRANCISCO

CERTIFIED CERTIFICATE OF BIRTH



Local Registered No. 4048

² FULL N	AME OF CHILD A	nnie Leong	TANTOST I	DA DITTO	IT ADG			
SEX OF MALE	4 TWIN, TRIPLET OR OTHER	5 NUMBER IN O				June	28th , 191	
NAME Leons	FATHER 3 Moon		13 FULI MAII NAM	DEN	Lau She	MOTHER G		
RESIDENCE	821 Jackson St.		14 RESI	DENCE .	821 Jac	kson St	•	
COLOR OR RACE	Chinaga	E AT LAST 40	15 COLO	OR RACE	Chin	еве	16 AGE AT LAST BIRTHDAY Years	
1 BIRTHPLACE	China		17 BIRT	HPLACE	Ch	ina		
2 OCCUPATION (a) Trade, profes	ssion or Merchant	18 OCCUPATION (a) Trade, profession or Housewife particular kind of work						
(b) General naturbusiness, or established employed		(b) General nature of industry, business, or establishment in which employed (or employer)						
18a Was a prophylactic for Ophthalmia Neonatorum Used?				19 Number of children born to this mother, including present birth				
	Sol. Argyrol	20 Number of children of this mother now living						

I	HEREBY	CERTIFY	THAT I	ATTENDED	THE	BIRTH	OF	THIS	CHILD,	WHO	WAS.	Born	alive	AT
	M ON T	THE DATE	E AROVI	E STATED										

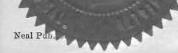
12017/39341

(Signature) Grace Simon, M.D. 829 Fell St.

Jul 1 22 Filed...

Birth Registry Clerk. I HEREBY CERTIFY that the foregoing is a true and correct copy of the record of birth of the above named child on file in the office of the Department of Public Health of the City and County of San Francisco, State of California.

WITNESS my hand and the Seal of the Department of Public Health of the City and County of San Francisco this 20th day of July , 191 6



SPL. 9
U. S. DEPARTMENT OF LABOR IMMIGRATION SERVICE

REFERENCE SHEET.

CASES USED IN CONNECTION WITH ABOVE CASE

NO.	NAME	STEAMER	DATE	RELATIONSHIP
017/34057	Leona Quan	Def.	1928	ac, Bro
14/14993	Leona more	0,,	1930	alta
0560 57-7	Law Shee	Tairyo Manu	7/4/3/	" 200
39329	Harry Leong	11	- 41	11 1320
39340	amy "	4	#1	" dis
39372	acice "	- 41	*1	4 11
39343	Lee "	Dep	1930	" 1300
393440	andrew "	"	11	" "
37345	Willie"	**	*1	4 4
	PPANARATA			
		=	-	
7				***************************************