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1943-03-09, Birth Certificate

Norma Stegman
Registrar of Elyria, Ohio

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1943-03-09, Birth Certificate

Keywords

March, 1943; 1943; United States; Elyria, Ohio; wife; husband; father; mother; daughter; children; birth; women at home; women; Russians

Identifier

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City of Elyria
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
ELYRIA, OHIO

No 2435

I, NORMA STEGMAN, Local Registrar, Bureau of Vital Statistics, do hereby certify the following to be a true and correct copy of the copy of the CERTIFICATE OF BIRTH OF

EVA BESSIE GOLICHIAN

PLACE OF BIRTH
County of Lorain on file in The Vital Statistics Division, Department of Health, City of Elyria
Township of _____ Registration District No. 756 File No. _____
or _____
Village of _____ Primary Registration District No. 8338 Registered No. 143
or _____
City of Elyria No. 21 West Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give NAME instead of street and number)

FULL NAME OF CHILD Eva Bessie Golichian { If child is not yet named, make supplemental report, as directed

Sex of Child	Female	Twin, triplet or other?	Number in order of birth	Legitimate?	yes	Date of birth	March 24, 1918
		(To be answered only in event of plural births)				(Month)	(Day) (Year)

FATHER		MOTHER	
FULL NAME	Abraham Golichian	FULL MAIDEN NAME	Sarah Babish

RESIDENCE Including P. O. Address	21 West Ave. Elyria, Ohio	RESIDENCE Including P. O. Address	Same
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COLOR or RACE	White	AGE AT LAST BIRTHDAY	38 (Years)	COLOR or RACE	White	AGE AT LAST BIRTHDAY	40 (Years)
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Birthplace (city or place) (State or country)	Russia	Birthplace (city or place) (State or country)	Russia
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OCCUPATION a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Junk dealer</u> b. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ c. Date (month and year) last engaged in this work. _____, 19____ g. Total time (years) spent in this work _____	OCCUPATION d. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> e. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ f. Date (month and year) last engaged in this work. _____, 19____ h. Total time (years) spent in this work _____
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Number of children of this mother (At time of this birth and including this child) <u>7</u>	(a) Born alive and now living <u>7</u>	(c) Stillborn _____	Is child congenitally deformed? _____
	(b) Born alive but now dead _____		Was Prophylactic against Ophthalmia Neonatorum used? _____

If stillborn period of gestation _____ { months or weeks	Cause of stillbirth _____	} Before labor _____ } During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 P. m, on the date above stated. (Born Alive or Stillborn)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc. should make this return. }

Given name added from _____ (Date of) _____

(Signed) Geo. Black, M. D.
or _____, Midwife
Address Elyria, Ohio
Filed 4/17, 1918 G. E. French
Registrar Registrar

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused my official seal to be affixed, at Elyria, this 9th day of March in the year of our Lord one thousand nine hundred and 43

Norma Stegman
Local Registrar, Bureau of Vital Statistics