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Jack P. Bell Second World War correspondence

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3-9-1943

## 1943-03-09, Birth Certificate

Norma Stegman  
*Registrar of Elyria, Ohio*

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## Subject Terms

Evabel Bell; Eva Bessie Golichian; Abraham Golichian; Sarah Babish; March 9, 1943; World War, 1939 - 1945; World War II; World War Two; United States; War and Civilization -- History -- 20th Century; Elyria (Ohio) -- History -- 20th Century; Women - History - 20th Century; Nineteen Forties; World War, 1939 -- 1945 -- ; World War, 1939 -- 1945 -- Women; Germany; World War, 1939 -- 1945 -- Information; World War, 1939 -- 1945 -- Children

## Keywords

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

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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
		(To be answered only in event of plural births)				March 24, 1918 (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 _____
	(b) Born alive but now dead _____	Is child congenitally deformed? _____
		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