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Jack P. Bell Second World War correspondence

CAWL Archives: Second World War

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11-1944

## 1944-11-07, Birth Certificate

Norma Stegman  
*Registrar of Elyria, Ohio*

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### **Subject Terms**

Evabel Bell; Eva Bessie Golichian; Abraham Golichian; Sarah Babich; November 7, 1944; 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**

November, 1944; 1944; 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 4785

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

PLACE OF BIRTH EVA BESSIE GOLICHIAN  
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 <b>Fem</b>	Twin, triplet or other? (To be answered only in event of plural births)	Number in order or birth	Legitimate? <b>yes</b>	Date of birth <u>3</u> , <u>24</u> , 19 <u>18</u> (Month) (Day) (Year)
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FATHER FULL NAME <u>Abraham Golichian</u>	MOTHER FULL MAIDEN NAME <u>Sarah Babich</u>
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RESIDENCE Including P. O. Address <u>21 West Ave Elyria, O.</u>	RESIDENCE Including P. O. Address <u>same</u>
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COLOR or RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)	COLOR or RACE <u>White</u>	AGE AT LAST BIRTHDAY <u>40</u> (Years)
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Birthplace (city or place) (State or country) <u>Russia</u>	Birthplace (city or place) (State or country) <u>Russia</u>
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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>HWF</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> (b) Born alive but now dead _____ (c) Stillborn _____	Is child congenitally deformed? _____ Was Prophylactic against Ophthalmia Neonatorum used? _____
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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 alive at 11.00 P. 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 \_\_\_\_\_ or \_\_\_\_\_, Midwife  
a supplemental report \_\_\_\_\_ (Date of)

(Signed) Geo. Black, M. D.

Address Elyria, O.

Filed 4/17, 1918 G.E. French Registrar

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused my official seal to be affixed, at Elyria, this 7th day of November in the year of our Lord one thousand nine hundred and 44

Norma Stegman  
Local Registrar, Bureau of Vital Statistics