

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH

Reg. Dist. No. 392Registrar's No. 12139Primary Reg. Dist. No. 8187Birth No. 184-50-156671

| | | | | | |
|---|--|--|--|---|--|
| 1. PLACE OF BIRTH | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) | | | |
| a. COUNTY <u>Franklin</u> | | a. STATE <u>Ohio</u> | | b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, write RURAL, and give township) OR VILLAGE <u>Columbus</u> | | c. CITY (If outside corporate limits, write RURAL, and give township) OR VILLAGE <u>Columbus</u> | | | |
| c. FULL NAME OF (If NOT in hospital or institution, give street address or hospital or institution) <u>Mt. Carmel Hosp.</u> | | d. STREET (If rural, give location) ADDRESS <u>124 N. Hague Ave.</u> | | | |
| 3. CHILD'S NAME (Type or print) | | a. (First) <u>Michael</u> | | c. (Last) <u>POKHIAS</u> | |
| 4. SEX <u>MALE</u> | | 5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | | 5b. IF TWIN OR TRIFLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | |
| | | | | 6. DATE OF BIRTH (Month) (Day) (Year) <u>11-26-50</u> | |

FATHER OF CHILD

| | | | | | | | |
|--|--|--|--|--|--|-----------------------------------|--|
| 7. FULL NAME | | a. (First) <u>William E.</u> | | c. (Last) <u>Pokhias</u> | | 8. COLOR OR RACE <u>White</u> | |
| 9. AGE (At time of this birth) <u>21</u> YEARS | | 10. BIRTHPLACE (State or foreign country) <u>Martins Ferry, Ohio</u> | | 11a. USUAL OCCUPATION <u>Self Employed</u> | | 11b. KIND OF BUSINESS OR INDUSTRY | |

MOTHER OF CHILD

| | | | | | | | | | |
|---|--|--|--|---|--|---|--|---|--|
| 12. FULL MAIDEN NAME | | a. (First) <u>Viola</u> | | b. (Middle) <u>Kontras</u> | | c. (Last) <u>Pokhias</u> | | 13. COLOR OR RACE <u>White</u> | |
| 14. AGE (At time of this birth) <u>20</u> YEARS | | 15. BIRTHPLACE (State or foreign country) <u>Martins Ferry, Ohio</u> | | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) | | a. How many OTHER children are now living? <u>0</u> | | b. How many OTHER children were born alive but are now dead? <u>0</u> | |
| 17. INFORMANT'S NAME OR SIGNATURE <u>Mrs. Viola Pokhias</u> | | 18a. SIGNATURE <u>Charles W. Laury, M.D.</u> | | 18b. ADDRESS <u>2265 N. High St.</u> | | 18c. DATE SIGNED <u>11-26-50</u> | | 18d. SPECIFY IF M. D., D. O., OR OTHER <u>M.D.</u> | |

I hereby certify that this child was born alive on the date above stated at 2:30 p. M.

19. DATE REC'D BY LOCAL DEC 4 195020. REGISTRAR'S SIGNATURE Leo Uridil

21. DATE SEROLOGIC TEST FOR SYPHILIS

I HEREBY CERTIFY THAT THE ABOVE RECORD IS A PHOTO-STATIC COPY OF THE ORIGINAL CERTIFICATE WHICH IS REGISTERED AND PRESERVED IN THE DIVISION OF VITAL STATISTICS OF THE OHIO DEPARTMENT OF HEALTH. WITNESS MY SIGNATURE AND SEAL AS CHIEF OF THE DIVISION OF VITAL STATISTICS.

W. H. Weigel
CHIEF, DIVISION OF VITAL STATISTICS



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