

PLACE OF BIRTH Douglas

County of Douglas

STATE OF NEBRASKA  
DEPARTMENT OF PUBLIC WELFARE  
DIVISION OF VITAL STATISTICS  
Registered No. A 71668

City of Omaha  
Township of  
Village of  
No. Nebr. Meth. Hospital  
St. Fishbain  
If birth registered in a hospital or institution, give its name, street and number.

FULL NAME OF CHILD  
Sex of Child Male  
Date of Birth Nov. 26th 1925  
Number in order of birth  
Twin, Triplet or Other?

FATHER Hyman  
MOTHER MAZLISH  
FULL MAIDEN NAME Pearl Mazlisch  
RESIDENCE POST OFFICE  
1533 Grand Str.  
COLOR or RACE white  
AGE AT LAST BIRTHDAY 40  
BIRTHPLACE Russia  
BIRTHPLACE Russia  
OCCUPATION Furniture  
OCCUPATION Hwf.

RESIDENCE POST OFFICE  
1533 Grand Str.  
COLOR or RACE white  
AGE AT LAST BIRTHDAY 40  
BIRTHPLACE Russia  
BIRTHPLACE Russia  
OCCUPATION Furniture  
OCCUPATION Hwf.

Number of children of this mother  
Taken as of time of birth of child herein  
certified and including this child  
(a) Born alive and now living 3  
(b) Born alive but now dead  
(c) Stillborn

I hereby certify that I attended the birth of this child, who was  
born alive at 8.49A.  
W. H. Taylor, M. D.  
Address Omaha, Nebr.  
Signature  
When there was no attending physician then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Given name added from a supplemental report  
STATE LAW  
Was silver solution instilled in each eye? Yes

CERTIFICATE OF ATTENDING PHYSICIAN  
Dr. A. S. Pinto  
19

TRUE CERTIFICATION OF A RECORD ON FILE WITH REGISTRAR  
VITAL STATISTICS, DOUGLAS  
CO. HEALTH DEPT., OMAHA, NE  
SEP-4-2015

Filed 12-4-25  
REGISTRAR  
Ne 12-1

97  
Amended 1-6-1915