

Form 241

NEBRASKA DEPARTMENT OF PUBLIC WELFARE  
Bureau of Health—Division of Vital Statistics

Do not write in this space

1. PLACE OF BIRTH  
County Douglas

**CERTIFICATE OF BIRTH**

**52603**

Township \_\_\_\_\_  
City Omaha

Street 4315 So. 22nd Str.

If birth occurred in a hospital or institution give its NAME in stead of street and number

2 FULL NAME OF CHILD ZENA GORELICK (M)

3. Sex of child Female To be answered ONLY in event of plural births. 4. Twin, triplet \_\_\_\_\_ 5. No. in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Febr. 22, 1938 (Month, day, year)

8. FATHER Full name Sam Gorelick

14. MOTHER Full maiden name Rebecca Katzman

9. Post Office 4315 So. 22nd Str.

15. Post Office same

10. Color or race white 11. Age at last birthday 35 (Years)

16. Color or race white 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Russia (State or country)

18. Birthplace (city or place) Russia (State or country)

13. Occupation Grocer

19. Occupation H. f.

20. How many children born to this mother, including this child? \_\_\_\_\_ (a) How many are still living 7 (b) How many are now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN\***

I hereby certify that I attended the birth of this child, who was born alive 2:40 P.M. on the date above stated. (Born alive) (Stillborn)

\*A birth certificate shall be filed with the local registrar within five days after any birth. When no physician is in attendance certificate shall be completed and signed by the parent or other person present.

Signature A. Greenberg M D  
Address 902 Med. Arts Bldg.

STATE LAW  
Was silver solution instilled in each eye? YES

Filed with local registrar 3-24-38 Date Aug. E. Specht Registrar

TRUE CERTIFICATION OF A RECORD ON FILE WITH Ad J. Poir REGISTRAR

SEP -4 2015  
VITAL STATISTICS, DOUGLAS  
CO. HEALTH DEPT., OMAHA, NE