

I, Omar L. Greeman, Registrar of Vital Statistics, hereby certify the following to be a true and correct copy of the certificate of birth of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Department for Human Resources to be affixed at Frankfort, Kentucky this 25 day of Feb, 19 86.

Omar L. Greeman
Omar L. Greeman, State Registrar

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FORM V. S.
No. 1
2001-6-1-14

MARGIN RESERVED FOR BINDING

WRITE CAREFULLY, WITH INK—THIS IS A PERMANENT RECORD.

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1 PLACE OF BIRTH

County of Jefferson
 Dist. Pct. of
 Inc. Town of
 City of Louisville
 No. 124 Pope St.
 Ward.....

COMMONWEALTH OF KENTUCKY

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

14316

Registration District No. 550

File No.

Primary Registration District No. 2275

Registered No. 864

If birth occurs in a hospital or other institution give name of same, instead of street and number.

2 FULL NAME OF CHILD

Helen Irene Prokes

3 Sex of Child Female 4 Legitimate yes 5 Twin, Triplet or other? 1 and 6 Number in order of birth 2 7 Date of birth Mar 5 20
To be answered in case of plural births only (Month) (Day) (Year)

8 FULL NAME FATHER

Gas Prokes

14 FULL MAIDEN NAME MOTHER

Marie Bajer

9 RESIDENCE

124 Pope St

15 RESIDENCE

124 Pope St 38

10 COLOR OR RACE w. 11 AGE AT LAST BIRTHDAY 33
(Years)

16 COLOR OR RACE w. 17 AGE AT LAST BIRTHDAY 38
(Years)

12 BIRTHPLACE

Mo.

18 BIRTHPLACE

Mo

13 OCCUPATION

foreman

19 OCCUPATION

housewife

20 Number of child of this mother..... 21 Number of children of this mother, now living.....

22 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

23 I hereby certify that I attended the birth of this child, and that it occurred on March 20, 19..... at.....

*When there was no attending physician or midwife, then the father, mother, householder, etc., should make this return.

(Signature) J. M. Morris
Physician
Physician or Midwife

Given name added from a supplemental report.

Address 1704 Frankfort Ave

24 Filed March 20, 19.....
De L. A. Giffacher
 Registrar.

Registrar.

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