

DELAWARE

STATE OF DELAWARE

JAN 1 1935

## STANDARD CERTIFICATE OF BIRTH

3638

State File No.

Registered No. 2110

State of Delaware

## VITAL STATISTICS

## 1. PLACE OF BIRTH —

County

New Castle

Hundred

Wilmington or Village

City

Wilmington No. St. Francis Hosp. St. 8 Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

## 2. Full name of child

Eleanor Darragh

If child is not yet named, make supplemental report, as directed

3. Sex

If plural births

4. Twin, triplet, or other

6. Premature

7. Legitimate?

8. Date of birth

11-23-34

(Month, day, year)

9. Full name

FATHER

EDWARD J. DARRAGH

18. Full maiden name

MOTHER

ELIZABETH CEKINE

10. Residence (usual place of abode) (If nonresident, give place and State)

222 N. 7th St.

19. Residence (usual place of abode) (If nonresident, give place and State)

222 N. 7th St.

11. Color or race

W

12. Age at last birthday

29

(years)

20. Color or race

W

21. Age at last birthday

22

(years)

13. Birthplace (city or place) (State or country)

Wilmington Delaware

22. Birthplace (city or place) (State or country)

Wilmington Delaware

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Reading Railroad

16. Date (month and year) last engaged in this work

19

17. Total time (years) spent in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

own home

25. Date (month and year) last engaged in this work

19

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 1

(b) Born alive but now dead

(c) Stillborn

28. If stillborn, period of gestation

months

or weeks

29. Cause of Stillbirth

Before Labor

During Labor

30. Prophylactic

Used in Eyes

## 31. VERIFICATION OF NAME BY PARENT

Eleanor Darragh

CORRECT NAME OF CHILD

Edward J. Darragh

NAME OF PARENT

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 2:16 P.M. 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. }

(Signed)

H. L. Kitefuss, M. D.

or

Address

Wilmington Del.

Given name added from a supplemental report

(Date of)

Filed

DEC 3 1934

19

Registrar.

James W. Butler, Jr. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B.—Every Informant Must Be Carefully Supplied. Exact Names Must Be Given. See Extract of On Birth Certificates.