

DELAWARE

STATE OF DELAWARE

JAN 1 1935

STANDARD CERTIFICATE OF BIRTH

3638

VITAL STATISTICS

State File No. _____

Registered No. 2110

State of Delaware

1. PLACE OF BIRTH —

County New Castle

Hundred Wilmington or Village _____

City Wilmington No. St. Francis Hosp St. 5 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 female

If plural births _____

4. Twin, triplet, or other _____

6. Premature _____

7. Legitimate? Yes

8. Date of birth 11-23-34

(Month, day, year)

5. Number, in order of birth 1

Full term? Yes

mate? Yes

9. Full name

FATHER

EDWARD J. DARRAGH

18. Full maiden name

MOTHER

ELIZABETH CEKINE

10. Residence (usual place of abode) 222 N 17th St.
(If nonresident, give place and State)

19. Residence (usual place of abode) 222 N 17th St.
(If nonresident, give place and State)

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) Wilmington Delaware
(State or country)

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

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 Co.

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

17. Total time (years) spent in this work _____

19. _____

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 _____

26. Total time (years) spent in this work _____

19. _____

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 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. Keitfus M. D.

or _____, Midwife

Given name added from a supplemental report _____

(Date of) _____

Address Wilmington, Del.

Filed DEC 3 1934, 19 _____

Registrar.

Mrs. W. Butler Registrar.

MARGIN RESERVED FOR BINDING

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

Certificate.

On Birth

Statements Must Be Given. See Extract of

Must Be Carefully Supplied. Exact

N. B.—Every Informant