

IDENTIFICATION AND PERSONNEL DATA

FOR EMPLOYMENT OF UNITED STATES CITIZEN

INSTRUCTIONS: Prepare in quadruplicate. All sections must be completed. Write "None" when applicable. Type all answers. If space not adequate for complete answers continue under item 23, and attach a supplemental sheet to this form if necessary. All addresses must show street number, street, city, and State.

1. NAME (Last, first, middle) MEACHAM, Sylvia	5. DESCRIPTION: (Check which) <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE			
	HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR
2. OTHER NAMES USED (Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used). CHENSTEIN, Sylvia (Maiden name, still used at times)	5'6"	200 160	Brown	Brown
	6. (Check which)		7. BIRTH DATE	
	<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW (ER)	DAY MONTH YEAR 22 July 1921		
3. PRESENT ADDRESS	DATES	8. BIRTHPLACE (City, county, State, and country)		
299 West 12 Street, NYC	since Dec. 1948	New York, N.Y. USA		

4. ALL OTHER ADDRESSES FOR PAST 15 YEARS	DATES
43 Dumont Avenue, Brooklyn, N.Y. (with parents)	1943 to 1948
1566 Eastern Parkway, Brooklyn, N.Y. (with parents)	1938 to 1943
1350 New York Ave., Brooklyn, N.Y. (with husband)	Sept. to Dec. 1951

9. UNITED STATES CITIZENSHIP:		10. SOCIAL SECURITY NUMBER			
INDICATE WHETHER:					
(A) BY BIRTH <input type="checkbox"/>	(C) NATURALIZATION <input type="checkbox"/>	11. MILITARY SERVICE (Past or present)			
(B) DERIVATIVE <input type="checkbox"/>	PETITION NO.	SERIAL NO.	BRANCH	FROM (Yr.)	TO (Yr.)
DATE	DATE				
CERTIFICATE NO.	CERTIFICATE NO.				
PLACE	PLACE				

12. EDUCATION (All schools above elementary)				
NAME OF SCHOOL	ADDRESS	FROM (Yr.)	TO (Yr.)	DEGREES
Samuel Tilden H.S.	Brooklyn, New York	1935	1938	
Brooklyn College - Evening Session	" " "	1941	1946	

13. EMPLOYMENT (List ALL employment dates including present employment and ALL dates and addresses when unemployed.)
Give name under which employed if different from name now used.

DATE FROM-TO	NAME OF EMPLOYER (Firm or Agency) AND NAME OF SUPERVISOR	TYPE OF WORK	ADDRESS (Where employed)	REASON FOR LEAVING
1947-present	WORLD HEALTH ORGANIZATION of UN - Dr. R. Coigny	Liaison Officer	UN, NY	
July-Dec. 1946	Health Council of Greater NY Mr. K. Widdemer	Secretary	Canal St., NYC	Better post
March- July 1946	Calderone Theatre Circuit- Dr. Frank Calderone	Secretary	Mineola, N.Y.	Better post
1943-1946	NYC Department of Health- Dr. Frank Calderone	Secretary	125 Worth St.	Better post
1941-1943	Private medical practice of Dr. H. A. Osserman	Secretary	Park Ave. and 83rd Street	Better post
1940-1941	National Youth Administration Dr. H. Jacobziner	Secretary	Astoria, Queens	Dissolution of organization
1938-1940	NYC Department of Health Dr. Samuel Frant	Clerk-Steno.	125 Worth St.	Better post

14. FOREIGN COUNTRIES VISITED (Since 1930) (Exclusive of military service)

COUNTRY	DATE LEFT USA	DATE RETURNED USA	PURPOSE
Switzerland	May 1948	August 1948	Official business for WHO
Switzerland	March 1952	July 1952	" " "

15. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY OR ANY COMMUNIST OR FASCIST ORGANIZATION?

 Answer "Yes" or "No"

16. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF THE CONSTITUTIONAL FORM OF GOVERNMENT OF THE UNITED STATES, OR OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?

 Answer "Yes" or "No"

17. IF YOUR ANSWER TO QUESTION 15 OR 16 IS "YES", STATE THE NAME OF THE ORGANIZATION, DATES OF MEMBERSHIP OR ASSOCIATION, AND EXTENT OF PARTICIPATION. IF YOU DESIRE TO EXPLAIN THE CIRCUMSTANCES OF YOUR MEMBERSHIP YOU MAY USE THE SPACE UNDER ITEM 23 OR ATTACH A SEPARATE SHEET OF PAPER.

NAME	ADDRESS	FROM	TO	OFFICE HELD

18. MEMBERSHIP IN OTHER ORGANIZATIONS (List all organizations in which you are now a member or have been a member, except those which show religious or political affiliations.)

NAME	ADDRESS	TYPE	FROM	TO	OFFICE HELD
<u>NONE</u>					

19. RELATIVES (Parents, spouse, divorced spouse, children, brothers, and sisters, living or dead. Name of spouse should include maiden name and any other names by previous marriage.)

RELATION	NAME IN FULL	AGE	ADDRESS	COUNTRY OF BIRTH	PRESENT CITIZENSHIP
Father	Charles Orenstein	64	43 Dumont Ave. Brooklyn	Poland	USA
Mother	Anna Carnet Orenstein	65	" " " "	"	"
Brother	Richard Orent	44	1781 Troy Ave. Brooklyn	"	"
Sister	Eva Orenstein	46	43 Dumont Ave. Brooklyn	"	"
Ex-husband	James P. Meagher	48	1350 New York Ave. "	USA	USA

20. REFERENCES (Name three persons, not relatives or employers, who are well acquainted with you)

NAME	ADDRESS	YEARS KNOWN
Miss Sylvia Blatt	121 Clark Place, Bronx, N.Y.	13
Miss Frances Rose	299 West 12 St., NYC, Apt. 3-A	5
Mr. Don Carruthers	306 West 4 St., NYC	5

21. HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED OR IMPRISONED OR PLACED ON PROBATION IN CONNECTION WITH SUCH A PROCEEDING, OR HAVE YOU EVER BEEN ARRESTED OR REQUIRED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS)?.....

Answer "Yes" or "No"

IF YOUR ANSWER IS "YES" LIST ALL SUCH CASES IN ITEM 22, IN EACH CASE GIVE: (1) THE CHARGE OR NATURE OF THE OFFENSE; (2) THE DATE; (3) THE PLACE WHERE ARRESTED; (4) DISPOSITION OR THE PENALTY IMPOSED, IF ANY.

22. ARRESTS (Include all arrests and fines other than minor traffic violations)

CHARGE	DATE	PLACE WHERE ARRESTED	DISPOSITION

23. SPACE FOR CONTINUING ANSWERS TO OTHER QUESTIONS (Show item numbers to which answers apply. Attach a separate sheet if there is not enough space here.)

Please note that I use both my married name and my maiden name, interchangeably. All positions held by me prior to the year 1951 were naturally held in my maiden name.

CERTIFICATION

NOTE: The original copy must be signed by the person named in item 1 on this form.

I certify that the above information is correct and complete to the best of my knowledge and belief.

Date

SIGNATURE (Sign original only)

6 April 1953