

(1) PLACE OF BIRTH

County of BlindaleTownship of Wilsonor
Inc. Town ofor
City of

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

(2) Full Name of Child Con Lee Smith

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Feb 24 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam Smith

(9) PRESENT POSTOFFICE OF FATHER

Estill S.C.

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1 3

MOTHER.

(14) NAME BEFORE MARRIAGE

Dorothy Chisolm

(15) PRESENT POSTOFFICE OF MOTHER

Estill P. S. C. R. 2

(16) COLOR OR RACE

Color

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farmer laborer

(21) Number of children of this mother now living, including present birth

1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born a live at P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jessie Curry

(24) State whether Physician or Midwife

mid wife

(25) Address of Physician or Midwife

Estill S.C. R. 2

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

March 27 1922 J. L. Rouse
Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.