

Form No. 1

1. PLACE OF BIRTH

County of RichlandTownship of RichlandIn Town of Richland Registration District No. 1City of Richland (No. 1) Registered No. 162161
(For use of Local Registrar)
If birth occurs in a hospital or other institution give name of same instead of street and number. Ward

2. Full Name of Child

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

(1) Sex Male (2) Twin or triplet? No (3) Number in order of birth 1 (4) Any parents married No (5) Date of birth Jan 1 1911 (6) Name of Month Jan (7) Day 1 (8) Year 1911

FATHER		MOTHER	
1. FULL NAME	<u>John W. Smith</u>	1. NAME BEFORE MARRIAGE	<u>John W. Smith</u>
2. PRESENT POSTOFFICE OF FATHER	<u>Richland</u>	2. PRESENT POSTOFFICE OF MOTHER	<u>Richland</u>
3. COLOR	<u>White</u>	3. COLOR	<u>White</u>
4. AGE AT LAST BIRTHDAY	<u>30</u>	4. AGE AT LAST BIRTHDAY	<u>28</u>
5. BIRTHPLACE	<u>Richland</u>	5. BIRTHPLACE	<u>Richland</u>
6. OCCUPATION	<u>Farmer</u>	6. OCCUPATION	<u>Farmer</u>
7. Number of children ever born, including present birth	<u>7</u>	7. Number of children ever born, including present birth	<u>7</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(21) Signature

(22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

(25) Full name of Registrar

*When there was no attending physician or midwife, the birth of a child creates even once, it must not be recorded as such, unless it is a child of a woman who has been married.

No. 1.—In case of twins or triplets use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 2. THE OTHER. No. 3. THE OTHER. No. 4. THE OTHER.