

(1) PLACE OF BIRTH

County of CherokeeTownship of Limestoneor
Inc. Town ofor
City of(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Connie May Smiley

File No.—For State Registrar Only

17969

Registration District No. 109Registered No. 143
(For use of Local Registrar)3. BOY OR
GIRLGirl4. Twin
or Triplet:15. Number in
order of birth:1

To be answered only in event of Twins or Triplets

6. Are
Parents
Married?Yes

7. DATE OF

BIRTH June 20, 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL
NAMEFerry Lee Smiley9. PRESENT
POSTOFFICE
OF FATHERPoppy Hill R.D.10. COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY30

(Years)

12. BIRTHPLACE

McDowell County N.C.

13. OCCUPATION

Farmer20. Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEMartha Searee Leater(15) PRESENT
POSTOFFICE
OF MOTHERPoppy Hill R.D.(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY22

(Years)

(18) BIRTHPLACE

Cherokee County N.C.

(19) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alive ... at 6 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

7/10

19

(28)

N. F. Smith
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.