

(1) PLACE OF BIRTH

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County of *Spokane*

Township of *24*

Inc. Town of

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 *Forrest Jay Smith*

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

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married *Yes*

(7) DATE OF BIRTH *July 22 1922*
(Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to mother, including present birth *2*

FATHER

(14) AGE AT LAST BIRTHDAY *29*
(Year)

(15) NAME BEFORE MARRIAGE *Gertrude Regan*

(16) PRESENT POSTOFFICE OF MOTHER *Idaho*

(17) COLOR OR RACE *W*

(18) BIRTHPLACE *Idaho*

(19) OCCUPATION *Domestic*

(20) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born* at *Idaho* M., on the date above stated. (Time of birth or stillborn) (Hour) (M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife *Idaho*

Given name added from a supplemental report

(25) Witness

(Signature of Witness, necessary when question 21 is signed by mark)

(26) Filed

19 *1923*
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.