

File No.—For State Registrar Only

29055

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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Sept 15 72</i> (Name of Month) (Day) (Year)
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FATHER	
(8) FULL NAME	Washie J. Smith
(9) PRESENT POSTOFFICE OF FATHER	Ridgellville Mo
(10) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY	26 (Years)
(12) BIRTHPLACE	Bertley Co.
(13) OCCUPATION	Farming
(20) Number of children born to mother, including present birth	3

MOTHER.

(14) NAME BEFORE MARRIAGE	Bertha Myers		
(15) PRESENT POSTOFFICE OF MOTHER	Ridgeville		
(16) COLOR OR RACE	White	(17) AGE AT LAST BIRTHDAY	89
		(Years)	
(18) BIRTHPLACE	Berkeley Ca		
(19) OCCUPATION	Housewife		
(21) Number of children of this mother now living, including present birth	2		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was... Adrian ... at 4 M.
on the date above stated. (Born alive or still born) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark) 1 = 10

(27) Filed Oct 9 1928 (28) 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.