

(1) PLACE OF BIRTH

Township of Hamden

Inc. Town of.....

City of *New York*

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

(2) Full Name of Child Francis Smith If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~  
GIRL? *Girl*

(4) Twin or Triplet? *me*  
To be answered on

(5) Number in order of birth **9**

(5) Are Parents Married? *yes*

(7) DATE OF BIRTH Jun 16, 1922  
(Name of Month) (Day) (Year)

**FATHER**

(8) FULL NAME Wm W Smith

(9) PRESENT POSTOFFICE OF FATHER *Konewitz S.C.*

(10) COLOR OR RACE *White* - (11) AGE AT LAST BIRTHDAY *99* (Years)

(12) BIRTHPLACE  
Guelph, Ont

(13) OCCUPATION  
Farmer

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lela Simms

(15) PRESENT POSTOFFICE OF MOTHER *Hammer North S.C.*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *38* (Years)

(18) BIRTHPLACE  
Anderson Co

(19) OCCUPATION  
House Keeping

(71) Number of children of this mother now living, including present birth { 7 }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

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

(23) (Signature)

(24) State whether Physician or Midwife

Indefinite

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

made on 5th Ave. @ Holston

(27) Filed Y. H. L. 8 19 2, 1923..... K. A. 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.