

Form No. 1

(1) PLACE OF BIRTH

County of RichmondTownship of 1stor
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

William B. Smith

File No. - For State Registrar Only

2994Registration District No. 702Registered No. 11
(For use of Local Registrar)

(3) SEX OF CHILD <u>Male</u>	(4) Type of Birth <u>Normal</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>3</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 17 1923</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME W. L. Gibson

(9) PRESENT RESIDENCE OF FATHER 1008 Gibson

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 1

MOTHER

(15) NAME BEFORE MARRIAGE Miss Gibson

(16) PRESENT RESIDENCE OF MOTHER 1008 Gibson

(17) COLOR OR RACE W

(18) AGE AT LAST BIRTHDAY 26 (Years)

(19) BIRTHPLACE

(20) OCCUPATION Bookkeeper

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. L. Gibson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cordoba

Given name added from a supplemental report

(26) Witness

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

(27) Filed 2/1919 23

(28)

When there was no attending physician or midwife, then the father, householder, or other person should report. If a child breathes even once, it must not be reported as stillborn. No report before the fifth month of pregnancy.