

640

Registration District No. 207

Registered No. 12
(For use of Local Registrar)

City of 4 Mile

(No. Chickadee Ward)
institution, give name of same instead of street and number.)

(2) Full Name of Child John P. Hodge Smith

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

3) **BOY OR GIRL?**

(4) **Twin or Triplet?**

(5) Number in order of birth
rest of Twins or Triplets

(B) **Are Parents Married?**

(7) DATE OF BIRTH 4

E OF June 11, 1922
 (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME William Burch Smith

(14) NAME BEFORE MARRIAGE *Flissie Bohlen*

9) PRESENT POSTOFFICE OF FATHER *Virginia*
Chas. H. Perkins Co.

(15) PRESENT POSTOFFICE OF MOTHER *Vergara Consalvo C*

(10) COLOR OR *Blue* (11) AGE AT LAST BIRTHDAY *30*

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37

(12) BIRTHPLACE 22 22 22

(10) BIRTHPLACE 1. 2. 3.

(13) OCCUPATION

(10) OCCUPATION

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 1 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... None... at 2 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(28) **Witness**

.....
(Signature of Witness necessary only
when question 33 is signed by mark)

(27) $\frac{1}{2}$ $\frac{1}{2}$

Jan. 20. 1922 (2)

3.0001. 10/1/1968

*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.

~~dealing with the issue of pregnancy.~~