

(1) PLACE OF BIRTH

County of *Partonbury*Township of *Pocasset*

or

Inc. Town of

or

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

Norman Smith

File No.—For State Registrar Only

87548

Registered No. *167*
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR

Boy

(4) Twin

or Triplet?

(5) Number in

order of birth

(6) Are

Parents

Married? *yes*

(7) DATE OF

BIRTH

May 15 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL

NAME

Lewis Smith

(9) PRESENT

POSTOFFICE

OF FATHER

Trough St

(10) COLOR

OR

RACE

Brown

(11) AGE AT LAST

BIRTHDAY

28

(Years)

(12) BIRTHPLACE

D. C.

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE

MARRIAGE

Carrie Giles

(15) PRESENT

POSTOFFICE

OF MOTHER

Trough St

(16) COLOR

OR

RACE

Brown

(17) AGE AT LAST

BIRTHDAY

22

(Years)

(18) BIRTHPLACE

D. C.

(19) OCCUPATION

House wife

(21) Number of children of this mother

now living, including present birth

One

(20) Number of children born to

mother, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *6 P.* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lewis Smith Father

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

11/28/16

19

(28)

M. W. Brown

Local Registrar.

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.

FIVE MONTHS OF PREGNANCY