

HUSBAND'S NAME

*Daniel Shine Hill 21*

When Born \_\_\_\_\_ Where \_\_\_\_\_  
 Christened \_\_\_\_\_ Where \_\_\_\_\_  
 When Died \_\_\_\_\_ Where \_\_\_\_\_  
 When Buried \_\_\_\_\_ Where \_\_\_\_\_  
 When Married \_\_\_\_\_ Where \_\_\_\_\_  
 Other Wives (if any) \_\_\_\_\_  
 Number (1) (2) etc. \_\_\_\_\_  
 His Father *Charles Applewhite Hill 61* His Mother's Maiden Name *Rebecca Wesley Long 31*

(Husband's Full Name) \_\_\_\_\_  
 (Wife's Maiden Name) \_\_\_\_\_

This information obtained from  
*INFO FROM Book "Rev. Green Hill," By Thomas Neal Ivy, (P. 6d7)*

WIFE'S MAIDEN NAME

*Susan Irwin Toole*

When Born \_\_\_\_\_ Where \_\_\_\_\_  
 Christened \_\_\_\_\_ Where \_\_\_\_\_  
 When Died \_\_\_\_\_ Where \_\_\_\_\_  
 When Buried \_\_\_\_\_ Where \_\_\_\_\_  
 Other Husb. (if any) \_\_\_\_\_  
 Number (1) (2) etc. \_\_\_\_\_  
 Her Father \_\_\_\_\_ Her Mother's Maiden Name \_\_\_\_\_

Date *Sept 2, 1989*  
 Compiler *Robert R. Hill*  
 Address *631 S. Echo Dr.*  
 City *Brandon* State *IA 33511*

Male or Female	CHILDREN (Arrange in order of birth)	WHEN BORN			WHERE BORN (Town or Place)	County	State or Country	WHEN DIED*			Married
		Day	Month	Year				Day	Month	Year	
<i>F</i>	<i>1 Sarah Louise Hill</i>			<i>1836</i>							Date <i>1857</i> To <i>MATTHEW S. DAVIS</i>
<i>M</i>	<i>2 Dr. Charles Geraldus Hill</i>								<i>1925</i>		Date _____ To _____
<i>F</i>	<i>3 Pauline Hill</i>										Date _____ To <i>DR. John R. Brooks</i>
<i>F</i>	<i>4 Florence Hill</i>										Date _____ To <i>A MR. JONES</i>
<i>F</i>	<i>5 Susan Irwin Hill</i>								<i>died young</i>		Date _____ To _____
<i>M</i>	<i>6 Daniel Schon Hill</i>										Date _____ To _____
<i>M</i>	<i>7 William Hill</i>										Date _____ To _____
<i>F</i>	<i>8 Candice Hill</i>										Date _____ To <i>A MR. Painter</i>
	<i>9</i>										Date _____ To _____
	<i>10</i>										Date _____ To _____
	<i>11</i>										Date _____ To _____
	<i>12</i>										Date _____ To _____
	<i>13</i>										Date _____ To _____
	<i>14</i>										Date _____ To _____

Family Group Sheet, Form F2  
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 \*If burial date is known on children and not death date, write burial date, prefix (Bur). Use reverse side for additional info.