

Name : _____ Date: _____

Fill in the blanks. (Refer Get Smart Plus 4 Textbook Page 37)

1 st	first	16 th	
2 nd		17 th	
3 rd		18 th	
4 th		19 th	
5 th		20 th	
6 th		21 st	
7 th		22 nd	
8 th		23 rd	
9 th		24 th	
10 th		25 th	
11 th		26 th	
12 th		27 th	
13 th		28 th	
14 th		29 th	
15 th		30 th	
		31 st	

Your birthday	
Mother's Day	
Teacher's Day	
Independent Day	

