Name : _____ Date: _____

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

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

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

By: Miss Anna