

Form No. 1

## (1) PLACE OF BIRTH

County of MarbleTownship of R.R. Hillor  
Inc. Town of.....or  
City of.....(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Walker O. Clear

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

(3) SEX OR  
SEX M (4) Twin  
or Triplet  
To be answered only in event of Twin or Triplet (5) Age  
Months 23 (6) DATE OF  
BIRTH Sept 13 1923  
(Month of Month) (Day) (Year)FATHER.  
(8) FULL NAME Walker O. Clear  
(9) PRESENT POSTOFFICE OF FATHER Blountville  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21  
(Years) (12) BIRTHPLACE NC  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 3MOTHER.  
(14) NAME BEFORE MARRIAGE Urie O. Clear  
(15) PRESENT POSTOFFICE OF MOTHER Blountville  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21  
(Years) (18) BIRTHPLACE NC  
(19) OCCUPATION Housewife  
(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... born... at... 6:00...  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. O. Clear (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 1 1923 (28) Local 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.