

(1) PLACE OF BIRTH

County of Ramapo

Township of 3rd

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

PLACE OF BIRTH  
Name of First Settler  
State of New Jersey

Registration District No. Hay

Registered No. 81  
(For use of Local Registrar)

(2) Full Name of Child

Clarence Johnson

If child is not yet named, name  
of child at birth

(a) SEX Boy (b) TIME 5 (c) DATE Jan 5 1913

FATHER		MOTHER	
(1) FULL NAME	<u>Joe Johnson</u>	(1) FULL NAME	<u>Janis Davis</u>
(2) PRESENT RESIDENCE OF FATHER	<u>Eschardts</u>	(2) PRESENT RESIDENCE OF MOTHER	<u>Eschardts</u>
(3) COLOR	<u>Cal</u>	(3) COLOR	<u>Cal</u>
(4) BIRTHPLACE	<u>B.C.</u>	(4) BIRTHPLACE	<u>B.C.</u>
(5) OCCUPATION	<u>Farmer</u>	(5) OCCUPATION	<u>Housewife</u>
(6) Number of children born to father, including present birth	<u>5</u>	(6) Number of children of the mother now living, including present birth	<u>5</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was Ramapo on the date above stated.

(19) (Signature) Malcolm Carter  
(20) State whether Physician or Midwife  
(21) Address of Physician or Midwife Eschardts

(22) Given name of child at birth Clarence  
(23) Witness (Signature of Witness necessary only when question is signed by birth) W.H.