

(1) PLACE OF BIRTH
 County of Henry Co.
 Township of Bucks
 or
 Inc. Town of Registration District No. 2501 Registered No. 314
 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 Henry Wood Jones { If child is not yet named, make supplemental report as directed.

File No. — For State Registrar Only
42955

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Dec. 2, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Ernest Jones</u>			(14) NAME BEFORE MARRIAGE <u>Kate Floyd</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Conway S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Toddsville S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>Henry Co.</u>			(18) BIRTHPLACE <u>Henry Co.</u>	
(13) OCCUPATION			(19) OCCUPATION	
(20) Number of children born to mother, including present birth { <u>one</u> }			(21) Number of children of this mother now living, including present birth { <u>one</u> }	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Williams

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Toddsville S.C.

Given name added from a supplemental report 191

..... Registrar

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

(27) Filed Jan 5, 1923 (28) Comer 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.

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