

31977

**State Board of Health**

**Registration District No.**..... **Registered No.** 17.....  
 (For use of Local Registrar)

(For use of Local Registrar)

(No. .... St. .... Ward)

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

(2) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(6) Number order of birth <i>1</i>	(8) Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>Nov 2 1923</i> (Name of Month) (Day) (Year)
-------------------------------	---	--	--------------------------------------	---

## FATHER

**MOTHER.**

(b) **FULL NAME** *James C. Catron*

(14) NAME BEFORE MARRIAGE WILLIAM L. HARTMAN

(b) PRESENT POSTOFFICE OF FATHER *Cameron SC*

(1b) PRESENT POSTOFFICE OF MOTHER *Lawson, S.C.*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *24*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *22* (YR)

(16) BIRTHPLACE #

(16) **BIRTHPLACE**

**(U) CONFIDENTIAL**

(16) OCCUPATION

20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(20) (Signature) Magalene

(24) State whether Physician or Midwife	(25) Address of Physic	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 Nov. 9 1923 (28) W. J. Hill

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.