

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Hammonton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
19657

Registration District No. 205 Registered No. 13
 (For use of Local Registrar)

(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 Allice Tompkins (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at last birthday 0 (7) DATE OF BIRTH July 11, 1923
 To be answered only in event of Twin or Triplet (Year of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. A. Tompkins
 (9) PRESENT POSTOFFICE OF FATHER Augusta Ga R 3
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35
 (12) BIRTHPLACE Farm Labor
 (13) OCCUPATION Farm Labor
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Cook
 (15) PRESENT POSTOFFICE OF MOTHER Augusta Ga R 3
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE do
 (19) OCCUPATION Farm Labor
 (21) 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 alive 12 at A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alison & Leonard
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Augusta Ga. R 3

(If name added from a supplemental report)

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

(27) Filed July 26, 1923 (28) J. M. Dutton
 Registrar 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.