

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

42536

Registration District No. 2105

Registered No. 62
(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 Lewis Arrin Tompkins

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 22, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas B Tompkins

(9) PRESENT POSTOFFICE OF FATHER

Dunvegan S C

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

Georgetown Co. S C

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Agnes E. Reuss

(15) PRESENT POSTOFFICE OF MOTHER

Dunvegan S C

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Georgetown Co. S C

(19) OCCUPATION

housewife

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P M., on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Bettie A Tompkins

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Dunvegan S C

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 25, 1922

(28) J. L. M. Cracker

Local Registrar

When there was no attending physician or midwife, then the father, household, 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.