

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 5.

MOCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Oconee

Township of Center

or  
Inc. Town of .....

or  
City of .....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74075

Registration District No. 3500 Registered No. 138

(For use of Local Registrar)

(2) Full Name of Child Ann Ruth Tompkins child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 10, 1917</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Thomas W. Tompkins

(9) PRESENT POSTOFFICE OF FATHER Westminster S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37  
(Years)

(12) BIRTHPLACE Oconee Co S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Paul Jones

(15) PRESENT POSTOFFICE OF MOTHER Westminster S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29  
(Years)

(18) BIRTHPLACE Anderson Co S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) M. A. Strickland

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Westminster S.C.

Given name added from a supplemental report

July 24, 1917  
C. W. H. H. H.  
19 ..  
Registrar

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

(27) Filed Aug. 10, 1917 (28) C. W. H. H. H.  
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.