

## (1) PLACE OF BIRTH

County of *McCrack*Township of *3rd*

Inc. Town of

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

Registration District No. *4500*

File No. — For State Registrar Only

8408

Registered No. *37*

(For use of Local Registrar)

St. *Ward*

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

(2) Full Name of Child *Les Washington*(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

(5) Number in order of birth *1*Are Parents Married? *Yes*(7) DATE OF BIRTH *Feb 25 1922*

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *John Henry Tompkins*(9) PRESENT POSTOFFICE OF FATHER *McCrack*(10) COLOR OR RACE *Blk*(11) AGE AT LAST BIRTHDAY *21*

(Years)

(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*

## MOTHER

(14) NAME BEFORE MARRIAGE *Annie Mae Patton*

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE *Blk*(17) AGE AT LAST BIRTHDAY *17*

(Years)

(18) BIRTHPLACE *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 *White* at *6 a.m.* on the date above stated. (Born alive or stillborn) (A. M. or P. M.)(23) (Signature) *B. A. Mathews*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from supplemental report

(26) Witness

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

(27) Filed *Mon 12 1922*(28) Local Registrar *B. A. Mathews*

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.