

## (1) PLACE OF BIRTH

County of GeorgetownTownship of St. Jamesor  
Inc. Town of .....or  
City of .....

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

## (2) Full Name of Child

Mary Matilda Tompkins

File No.—For State Registrar Only

4242

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2100 Registered No. 23

(For use of Local Registrar)

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

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

3 SEX OR  
GIRL girl4 Twin  
or Triplet

To be answered only in event of Twin or Triplet

5 Number in  
order of birth6 Are  
Parents  
Married yes7 DATE OF  
BIRTH February 28, 1922  
(Name of Month) (Day) (Year)8 FULL  
NAME Bert Tompkins9 PRESENT  
POSTOFFICE  
OF FATHER Durham S.C.10 COLOR  
OR  
RACE white11 AGE AT LAST  
BIRTHDAY 39  
(Years)12 BIRTHPLACE  
Georgetown Co. S.C.13 OCCUPATION  
Farming14 Number of children born to  
mother, including present birth614 NAME BEFORE  
MARRIAGE Florence Mathews15 PRESENT  
POSTOFFICE  
OF MOTHER Durham S.C.16 COLOR  
OR  
RACE white17 AGE AT LAST  
BIRTHDAY 29  
(Years)18 BIRTHPLACE  
Williamsburg Co. S.C.19 OCCUPATION  
Housewife20 Number of children of this mother  
now living, including present birth6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)(23) (Signature) Bert Tompkins

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Durham S.C.Given name added from a supplement-  
tal report

(26) Witness

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

(27) Filed

Feb 5, 1922

(28) Local Registrar

J. L. McCallWhen 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.

N. B.—In case of twins or triplets use a separate blank for each child, and mark the first-born, No. 1, the others, No. 2, etc., in question 5.

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