

22 050127

1. PLACE OF BIRTH

County of YorkTownship of Ebenezeror
Inc. Town ofor
City of

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4405 Registered No.

(For use of Local Registrar)

FILE No.—For State Registrar Only

02405

2. FULL NAME OF CHILD James Gilbert Mintz (If child is not yet named, make supplemental report as directed)3. Boy or Girl Boy If Plural births None 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Yes Married?..... 8. Date of birth March 2 19 22 (Month, day, year)9. Full name FATHER
William Drayton Mintz18. Name before marriage MOTHER
Mada Steele10. Residence (mailing address) Rock Hill, R.F.D. #4
(If non-resident, give place and State) S. C.19. Residence (mailing address) Rock Hill, R.F.D. #4
(If non-resident, give place and State) S. C.11. Color or race White20. Color or race White12. Age at child's birth 40 (years)21. Age at child's birth 30 (years)13. Birthplace (city or place) Cherokee
(State or country) S. C.22. Birthplace (city or place) Rock Hill, R.F.D.
(State or country) S. C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year last) engaged in this work 19.....

25. Date (month and year) last engaged in this work 19.....

27. Number of children of this mother 5 (At time of birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... (Before labor..... During labor.....)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at.....m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Mrs W B Mintz, Parent

or....., Guardian

Given name added from
a supplementary report.....
(Date of)

Address.....

Filed 5-26, 1942 Mrs J. P. Miller
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

not reported