

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Bachman
Township of Amelia
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

75907

Registration District No. 500 Registered No. 120
(For use of Local Registrar)

(2) Full Name of Child

Paul Mintz

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH. <u>Sept.</u> <u>8</u> , 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Straker Mintz
(9) PRESENT POSTOFFICE OF FATHER H. Matthews & Co
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE South Carolina
(13) OCCUPATION Farm Laborer
(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sally Matthews
(15) PRESENT POSTOFFICE OF MOTHER H. Matthews & Co
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE South Carolina
(19) OCCUPATION Farm Laborer
(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 alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jubia Ann Richardson
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife H. Matthews

Given name added from a supplemental report

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

(27) Filed Sept. 14, 1916 (28) AR Cobb 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.