

PLEASE PRINT IN FULL IN ALL PLACES. USE SEPARATE BLANK FOR EACH CHILD, AND MARK THE

(1) PLACE OF BIRTH

County of Spartanburg
Township of Brushy Springs
or
Inc. Town of Arcadia
or
City of _____

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
87379

Registration District No. 4-00013 Registered No. 68
(For use of Local Registrar)

(2) Full Name of Child Roy F. Mintz Jr } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH 10 16 8 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Roy Fitzhugh Mintz
(9) PRESENT POSTOFFICE OF FATHER Arcadia
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Lyonsylvania Co N.C.
(13) OCCUPATION mill work
(20) Number of children born to mother, including present birth Two

MOTHER.
(14) NAME BEFORE MARRIAGE Letitia L. Hall
(15) PRESENT POSTOFFICE OF MOTHER Arcadia
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE McDowell Co N.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) L. R. D. Moore M.D.
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report
..... 191....
.....
Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Nov 30 1916 (28) L. R. D. Moore 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.
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.