

SEPARATE BLANK FOR EACH CHILD, AND MARK THE
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Rocky Mount
or
Inc. Town of Arconia
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? No. (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10/16/8 1916 6
(Name of Month) (Day) (Year)

FATHER.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lettie L. Hall
(15) PRESENT POSTOFFICE OF MOTHER Arconia
(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. B. Moore (24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Nov 30 1916 (28) L. B. 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.

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