

FORM NO. 6
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.
M. Cay. of Columbia.

(1) PLACE OF BIRTH
 County of Sumner
 Township of Sumner
 or
 Inc. Town of Mills Mill
 or
 City of Mills Mill (No. 1 St.; 1 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 2209 Registered No. 529
 (For use of Local Registrar)
 (2) Full Name of Child Garrett Shupland If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
85812

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>to be answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>10 24 0</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>James Shupland</u>	(14) NAME BEFORE MARRIAGE <u>Ellen Gray</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Sumner</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>41 5th St</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>	(18) BIRTHPLACE <u>W.C.</u>	
(12) BIRTHPLACE <u>W.C.</u>	(13) OCCUPATION <u>Mill work</u>		(19) OCCUPATION <u>housew</u>	
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 M., on the date above stated. (For stillborn or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Hill

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumner, 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) Filled _____ 191... (28) _____ 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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