

MARGIN REMOVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHERS, No. 2, etc., in question 1.

Form No. 6

(1) PLACE OF BIRTH *Charleston Co*
 County of *Charleston*
 Township of *St James*
 or Town of *Lincolnton*
 or City of *Lincolnton*
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. *721* Registered No. *8*
 (For use of Local Registrar)
 (2) Full Name of Child *Getzel Anne* If child is not yet named, make supplemental report as directed

(3) SEX GIRL	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Order in birth order of birth	(6) Age months <i>yes</i>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <i>Sept 6 1923</i>
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FATHER.		MOTHER.	
(8) FULL NAME <i>Samuel Keller</i>	(14) NAME BEFORE MARRIAGE <i>Marie Glover</i>	(9) PRESENT RESIDENCE OF FATHER <i>Summerville SC</i>	(15) PRESENT RESIDENCE OF MOTHER <i>Summerville SC</i>
(10) COLOR OR RACE <i>W</i>	(11) AGE AT LAST BIRTHDAY <i>25</i> (Year)	(16) COLOR OR RACE <i>W</i>	(12) AGE AT LAST BIRTHDAY <i>25</i> (Year)
(13) BIRTHPLACE <i>Lincolnton SC</i>	(17) BIRTHPLACE <i>Charleston SC</i>	(18) OCCUPATION <i>Hold on</i>	(19) OCCUPATION <i>Housewife</i>
(20) Number of children born to mother, including present birth <i>18 Eight</i>	(21) Number of children of this mother now living, including present birth <i>18 Eight</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *5:15 am* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Isabel Lee Indule*
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife *Summerville SC*

Given name added from a supplemental report

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

(27) Signed *April 1 1923* (28) *R. E. Shannon* 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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