

(1) PLACE OF BIRTH
 County of Charleston Co
 Township of St James
 or Town of Lincolnton
 or City of

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

No. 6037 — for State Registrar Only

Registration District No. 721 Registered No. 8
 (For use of Local Registrar)
 (No. St. Ward)

(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 order of birth	(6) Sex Male	(7) DATE OF BIRTH Feb 13 1923 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Samuel Keller</u>	(14) NAME BEFORE MARRIAGE <u>Marie Glover</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville SC</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Summerville SC</u>			
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Year)	(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>25</u> (Year)	
(15) BIRTHPLACE <u>Lincolnton SC</u>	(17) BIRTHPLACE <u>Charleston SC</u>			
(16) OCCUPATION <u>Hold on</u>	(18) OCCUPATION <u>Housewife</u>			
(19) Number of children born to mother, including present birth <u>18 Eight</u>	(21) Number of children of this mother now living, including present birth <u>18 Eight</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive at 5:15 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Isabel Sell 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. G. 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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MARGIN NUMBER. MD 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 OTHER, No. 2, etc., in question 1.
 FORM No. 6