

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.  
 McCaw of Columbia.

(1) PLACE OF BIRTH  
 County of Meun  
 Township of Meun  
 or  
 Inc. Town of .....  
 or  
 City of Meun  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
87682

Registration District No. 42 Registered No. 166  
 (For use of Local Registrar)  
Roverscroft St.: ..... Ward  
 (No. of Roverscroft)

(2) Full Name of Child .....  
 { If child is not yet named, make supplemental report as directed

(3)  BOY OR GIRL? (4) Twin or Triplet? twins (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 2 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME G. A. Kayster  
 (9) PRESENT POSTOFFICE OF FATHER Meun 8P  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE Meun  
 (13) OCCUPATION Agent Life Ins. Co.  
 (20) Number of children born to mother, including present birth Two

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Sophia Roverscroft  
 (15) PRESENT POSTOFFICE OF MOTHER Meun 8P  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE Chester Co 8P  
 (19) OCCUPATION Domestic  
 (22) Number of children of this mother now living, including present birth 0

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) 3 P. M.

(23) (Signature) W. H. Hoke  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Meun 8P

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 10 1916 (28) D. G. Sarrott 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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