

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 Muen
Township of Muen
or
Inc. Town of
or
City of Muen
(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)
St. Roverscroft Ward 6

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

(3) BOY OR GIRL? <input checked="" type="checkbox"/> BOY	(4) Twin or Triplet? <u>twins</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 2</u> 191 <u>6</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>E. A. Kayster</u>		(14) NAME BEFORE MARRIAGE <u>Sophia Roverscroft</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Muen 8P</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Muen 8P</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>M P</u>		(18) BIRTHPLACE <u>Chester Co 8P</u>		
(13) OCCUPATION <u>Agent Life Ins. Co.</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>Two</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

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. (Born alive or stillborn) (Hour A. M. or P. M.) 3 P. M.

(23) (Signature) W. H. Hake

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Muen 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. Garrett 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.
before the fifth month of pregnancy.