

McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Oconee  
Township of Center

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

50007

Township of St. Lawrence Registration District No. 3500 Registered No. 241  
 or  
 Inc. Town of ..... (For use of Local Registrar)  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>1</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH: <i>Feb 10 1966</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME James H. Burchett

(9) PRESENT POSTOFFICE OF FATHER Han Phay & Co.

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE

Chowee Co. S.C.

(13) OCCUPATION **71**

Hammer

(20) Number of children born to mother, including present birth { ..... 7 .....

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Ell. Smith*

(15) PRESENT POSTOFFICE OF MOTHER Yan Plains C.C.

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE

Deena C. L.

(19) OCCUPATION

Housewife

(31) Number of children of this mother } 7

now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Male, at St. Louis, Mo.,  
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.) 8:06 A. M.

(28) (Signature) *John H. ...*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 7-1-6 1916. (28) W. H. Cole 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.