

## (1) PLACE OF BIRTH

County of Auderson

Township of .....

or  
Inc. Town of .....or  
City of R.F. H.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Charles Edward

(If child is not yet named, make report as directed)

(7) BOY OR  
GIRL ✓(8) Twin  
or Triplet

To be answered only in event of Twin or Triplet

(9) Number in  
order of birth(10) Are  
Parents  
Married Yes(11) DATE OF  
BIRTHFeb 25 1923

(Name of Month) (Day) (Year)

## FATHER.

(1) FULL  
NAME John Roy McIlister(2) PRESENT  
POST OFFICE  
OF FATHER Auderson S.C. 1543(3) COLOR  
OR  
RACE White (4) AGE AT LAST  
BIRTHDAY 25  
(Years)(5) BIRTHPLACE  
Auderson S.C.(6) OCCUPATION  
Farming(7) Number of children born to  
father, including present birth 1

## MOTHER.

(1) NAME BEFORE  
MARRIAGE Rachel Pamela Jones(2) PRESENT  
POST OFFICE  
OF MOTHER Auderson S.C. Rt 3(3) COLOR  
OR  
RACE White (4) AGE AT LAST  
BIRTHDAY 19  
(Years)(5) BIRTHPLACE  
Franklin Co. Ga.(6) OCCUPATION  
Domestic(7) Number of children of this mother  
now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(1) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(2) (Signature) Wade Thompson

(3) State whether Physician or Midwife

(4) Address of Physician or Midwife

Auderson S.C.Given name added from a supplementary  
report

(5) Witness

(Signature of Witness)  
W. H. BRATTON(6) Date 3-10-23 ANDERSON, S.C.When there was an attendance of a physician or midwife, the same should make this return.  
If a child breathes even a few minutes, it should be reported as born, even if it is desired or otherwise.