

1. PLACE OF BIRTH

County of Charleston

Township of _____

or _____

Inc. Town of _____

or Charleston, S.C.

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

33560 A

9 A

Registered No. 1588A
(For use of Local Registrar)

Registration District No. _____

(No. 4 Williams Court

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

Herbert Helman

{ If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL Boy

4. Twin or Triplet

5. Number in order of birth

6. Are Parents Married? yes7. DATE OF BIRTH
Oct. 15, 1922

(Name of Month (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME

Cupid Holman

9. PRESENT POSTOFFICE OF FATHER

Chas. S.C. # 4 Williams Ct.

10. COLOR OR RACE

Colored

11. AGE AT LAST BIRTHDAY

42

(Years)

12. BIRTHPLACE

Charleston, S.C.

13. OCCUPATION

Sheemaker

MOTHER

14. NAME BEFORE MARRIAGE

Lucy Deiley

15. PRESENT POSTOFFICE OF MOTHER

4 Williams Ct.

16. COLOR OR RACE

Colored

17. AGE AT LAST BIRTHDAY

32

(Years)

18. BIRTHPLACE

White Hall, S.C.

19. OCCUPATION

Domestic

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

921. Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Born alive abt. 8 or 9 P.M.

(Born alive or stillborn)

(Hour A.M. or P.M.)

22. I hereby certify that I attended the birth of this child, who was _____ on the date above stated.

Phyllappa Twine (dead)

23. Signature

24. State whether Physician or Midwife

Midwife

25. Address of Physician or Midwife

Chas. S.C. # 4 Williams Ct.

Given name added from a supplemental report

192

Registrar

26. _____

(Signature of Witness necessary only when question 23 is signed by mark)

27. Filed

Aug 61932

28.

Rem PaulingLocal Registrar. ps

*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.

NOTARY PUBLIC, CHARLESTON, S.C.

who, being duly sworn, says: that

HE is a resident of the City of Charleston, County and State aforesaid: that HE is the FATHER of HERBERT HOLMAN who was born on OCT. 15, 1922 in the City of Charleston, State and County aforesaid:

That the Midwife in attendance at this birth (Phillipa Twine, now deceased, failed to record this birth, and that HE the FATHER has given the answers as set forth on the Reverse Return of Birth and that the same are true and correct.

Signed:

Cupid Holman L.S.
(Father)

SWORN to before me this,

6th day of

August A. D. 1932

Emma D. Reginald L.S.
Notary Public