

(1) PLACE OF BIRTH

County of Charleston

Township of

or Town of

City of Charleston

(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

Registration District No. 9 A

(No. 6 Lilly St)

No. 3182

Registered No. 240
(For use of Local Registrar)

(2) Full Name of Child Maxine Herbert

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

(3) SEX OF CHILD Girl (4) Type Single (5) Number in order of birth 4 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 19 1933
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Herbert

(9) PRESENT POSTOFFICE OF FATHER 6 Lilly St

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 30 (Year)

(12) BIRTHPLACE George Town, S.C.

(13) OCCUPATION carpenter

(14) Number of children born to mother, including present birth 6

MOTHER.

(15) NAME BEFORE MARRIAGE Evie Small

(16) PRESENT POSTOFFICE OF MOTHER 6 Lilly St

(17) COLOR OR RACE Caucasian (18) AGE AT LAST BIRTHDAY 28 (Year)

(19) BIRTHPLACE Walterboro, S.C.

(20) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live on the date above stated. (Born alive or stillborn) (23) 6 P. M. (Hour A. M. or P. M.)

(24) (Signature) Evie Small

(25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife 44 Hammond St

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(28) Date 2/19/33 (29) Local Registrar

When this report is made, the father, householder, etc., should make this return. If a child is born, the father, householder, etc., should make this return. No report is desired of stillbirths.