

Form No. 1

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Charleston  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

No. for State Registrar Only

3256

Registration District No. 901 Registered No. 26  
 (For use of Local Registrar)

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

(3) SEX OR CHILD Boy (4) Type of Triple one (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Oct. 23  
 To be answered only in case of Triple or Triplets (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Howard Danner (9) PRESENT POSTOFFICE OF FATHER Wm. Pleasant (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (12) BIRTHPLACE Charleston S.C. (13) OCCUPATION laborer  
 MOTHER: (14) NAME BEFORE MARRIAGE Estelle Palmer (15) PRESENT POSTOFFICE OF MOTHER Wm. Pleasant (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (18) BIRTHPLACE Charleston S.C. (19) OCCUPATION house work  
 (20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Wm. Pleasant (24) Date, whether Christian or Midwife Midwife (25) Address of Christian or Midwife Wm. Pleasant

GIVEN UNDER HAND AND SEAL OF REGISTRAR

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) Wm. Pleasant  
 (27) Place Oct 23, 1923 (28) Wm. Pleasant

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