

## (1) PLACE OF BIRTH

County of Richland  
 Township of Lower  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. for State Registrar

18899

Registration District No. 382Registered No. 1460  
(For use of Local Registrar)

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 Ernesta Danby

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

(3) BOY OR GIRL boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH June 2 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lawrence W. Danby(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Lewisville, N.C.(13) OCCUPATION machinist(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Urania C. Horton(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. J. Sloan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

Ernesta Danby  
6/14/23  
 Registrar

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

(27) Filed June 27 1923 (28) D. J. Sloan 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.

Before the fifth month of pregnancy.