

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofCity of Charleston

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

(2) Full Name of Child Boley Owen(3) SEX
GIRL?(4) Twin
or Triplet? 1

To be answered only in case of Twins or Triplets

(5) Number in
order of birth 1(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH 4/18/22
(Name of Month) (Day) (Year)

FATHER.

(9) FULL
NAME Mr. Morrison Deval(10) PRESENT
POSTOFFICE
OF FATHER Charleston(11) COLOR
OR
RACE W.(12) AGE AT LAST
BIRTHDAY 34
(Year)(13) BIRTHPLACE Beachmont(14) OCCUPATION Police(15) Number of children born to
mother, including present birth 1

MOTHER.

(16) NAME BEFORE
MARRIAGE Miss Belle Trammel(17) PRESENT
POSTOFFICE
OF MOTHER Charleston S.C.(18) COLOR
OR
RACE W.(19) AGE AT LAST
BIRTHDAY 28
(Year)(20) BIRTHPLACE Wilmington S.C.(21) OCCUPATION is married(22) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was alive at 4 A.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.(24) (Signature) J. T. Smith

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

(27) Given name added from a supplement-
tal report

(28) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(29) Filed 4/19/22(30) J. Morris Green Jr.
Local RegistrarWhen 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.