

## (1) PLACE OF BIRTH

County of Charleston.

Township of .....

or

Inc. Town of .....

City of Charleston.

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

## STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9 A(No. 65 Carolina)

File No.—For State Registrar Only

25066

Registered No. 1122  
(For use of Local Registrar)(2) Full Name of Child Meta Owens

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes.

(7) DATE OF

BIRTH Aug 9th 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Archiver P. Owens.

(9) PRESENT POSTOFFICE OF FATHER

65 Carolina St.

(10) COLOR OR RACE

White.(11) AGE AT LAST BIRTHDAY 49

(Year)

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Engineer.

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

8

## MOTHER.

(14) NAME BEFORE MARRIAGE

Evelyn Clark.

(15) PRESENT POSTOFFICE OF MOTHER

65 Carolina St.

(16) COLOR OR RACE

White.(17) AGE AT LAST BIRTHDAY 38

(Year)

(18) BIRTHPLACE

Portsmouth, Va.

(19) OCCUPATION

Domestic.

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8/10 19 22Local Registrar.

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.