

(1) PLACE OF BIRTH

County of Spencer
 Township of
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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

File No. — For State Registrar Only

33198

Registration District No. 4000

Registered No. 102
 (For use of Local Registrar)

(2) Full Name of Child

Allen James Pullen

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 2 1912</u> (Name Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Emmanuel Pullen</u>		(14) NAME BEFORE MARRIAGE <u>Ophelia Miller</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Willford 20152</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Same</u>		
(13) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>K.C.</u>		(18) BIRTHPLACE <u>K.C.</u>		
(10) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) M. J. Moore
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Juneau

Given name added from a supplemental report
 (26) Witness (Signature of witness necessary only when question 23 is signed by mother)
 (27) Col. J. B. Moore (28) J. C. Moore
 Registrar Local 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.

ALABAMA REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES. INSTRUCTIONS TO REGISTRARS. FORM NO. 1. REVISED 1912. PRINTED BY THE ALABAMA DEPARTMENT OF PUBLIC HEALTH, MONTGOMERY, ALA.