

## (1) PLACE OF BIRTH

County of Barrow  
 Township of Barrow

## CERTIFICATE OF BIRTH

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

File No. For State Registration  
84415

Sex of child Male  
 Inc. Town of ..... Registration District No. 505 Registered No. 80  
 or .....  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child E. J. Pallen If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Age at birth 1 (7) DATE OF BIRTH Nov 26  
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Willie Pallen (9) PRESENT POSTOFFICE OF FATHER Furman  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (12) BIRTHPLACE Barrow Co. Ga. (13) OCCUPATION Farming  
 (14) FULL NAME Lula Owens (15) PRESENT POSTOFFICE OF MOTHER Furman  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (18) BIRTHPLACE Barrow Co. Ga. (19) OCCUPATION Farmers Wife  
 (20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at home on the date above stated.

(23) Signature Elena Owens (24) Address of Physician or Midwife Barrow Co. Ga.

When name added, stamp or supplemental report

(25) Signature J. H. Rouse (26) Address of Physician or Midwife Barrow Co. Ga.

When name added, stamp or supplemental report