

(1) PLACE OF BIRTH  
County of Blount  
Township of James & Road  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_  
(if birth occurs in a hospital or other institution, give name of same instead of street and number)  
Registration District No. 2056 Registered No. 34  
(For use of Local Registrar)  
St.; \_\_\_\_\_ Ward)  
Full Name of Child Cec Moore Allen If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only

81545

101 SEX OR GENDER? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>8/23/61</u>
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)	
FATHER			MOTHER	
102 FULL NAME <u>Odio Allen</u>	(14) NAME BEFORE MARRIAGE <u>Charlett Hammond</u>			
103 PRESENT POSTOFFICE OF FATHER <u>Simmons ville, D.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Simmons ville, D.C.</u>			
104 COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>73</u> (Years)		
105 BIRTHPLACE <u>Simmons ville, D.C.</u>	(18) BIRTHPLACE <u>Frederice, D.C.</u>			
106 OCCUPATION <u>forming</u>	(19) OCCUPATION <u>House Keeper</u>			
107 Number of children born to mother, including present birth <u>two</u>		(21) Number of children of this mother now living, including present birth <u>.....</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) M. A. ...  
(24) State whether Physician or Midwife (2) Address of Physician or Midwife

(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

...0...1916

(28

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.