

## (1) PLACE OF BIRTH

County of DouglasTownship of HunterInc. Town of Clinton(City of Clinton)

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

## (2) Full Name of Child

Louise Speer

File No. — For State Registrar Only

4386

Registration District No. 29BRegistered No. 5  
(For use of Local Registrar)Ward 2

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 Twin or Triplet(5) Number in order of birth 2(6) Are Parents Married  
yes

DATE OF

BIRTH June 25, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charles E. Speer(9) PRESENT POSTOFFICE OF FATHER Clinton, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27  
(Year)(12) BIRTHPLACE Barnesville - Ga.(13) OCCUPATION Pressman(20) Number of children born to mother, including present birth 1 + two

## MOTHER.

(14) NAME BEFORE MARRIAGE Aminda Lindstrom(15) PRESENT POSTOFFICE OF MOTHER Clinton, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
(Year)(18) BIRTHPLACE Alpha, Ill.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 + two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M.  
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature)

(24) State Physician or Midwife(25) Address of Physician or Midwife Clinton, S.C.

(When name added from a supplement and report)

(26) Witness

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

(27) Date June 8, 1923 (28) J. H. Bailey  
Local Registrar

When there was a stillbirth, then the father, householder, etc., should make this report. If a child is born dead, it should be reported as stillborn. No report is desired of stillbirths in the fifth month of pregnancy.