

WRITH PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

U.S.W. of Columbia

(1) PLACE OF BIRTH
County of **Abbeville**
Township of
or
Inc. Town of
or
City of **Abbeville** (No. **8-30** Main St. **3rd** 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
20618

2) Full Name of Child ... **Preston Brooks Speed 3rd** .. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy	(4) Twin or Triplet? No <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth 3	(6) Age at Birth Yes Married?	(7) DATE OF BIRTH July 18 1912 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Preston Brooks Speed, Jr.			(14) NAME BEFORE MARRIAGE Georgia Florence Ott	
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.			(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.	
(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR OR RACE White	(17) AGE AT LAST BIRTHDAY 25 (Years)	
(12) BIRTHPLACE Abbeville, S.C.			(18) BIRTHPLACE Orangeburg Co. S.C.	
(13) OCCUPATION Clerk			(19) OCCUPATION Housewife	
(20) Number of children born to mother, including present birth I			(21) Number of children of this mother now living, including present birth I	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **1:30 P.** on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **G. C. Campbell, M.D.**
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)
....., 191.....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed **July 20 1912** (28) **Miss L. L. Wallister**
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.

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