

**CITY OF WILMINGTON**

County of Wilmington  
Township of Turkey

**CERTIFICATE OF BIRTH**

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

File No. — for State Register Only

5478

or  
In Town of ..... Registration District No. 4311 Registered No. 6  
(For use of Local Registrar)  
or  
City of ..... (No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Livina McCrea If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 13 23  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Tommy McCrea  
(9) PRESENT POSTOFFICE OF FATHER Nesmith SC  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE Wilmington  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Laura Nesmith  
(15) PRESENT POSTOFFICE OF MOTHER Nesmith SC  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE House wife  
(19) OCCUPATION  
(20) 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 Alive, at ..... P.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.  
(23) (Signature) Anna Taylor  
(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 22 is signed by mark)  
(27) Filed Feb 27 1923 (28) S. H. Hendricks 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.  
before the fifth month of pregnancy.