

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—for State Registrar Only

County of Williamsburg STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

5470

Township of Trinity  
 or  
 Inc. Town of ..... Registration District No. 4.311 Registered No. 7  
 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 John Jr. McCrea If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 6, 23  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William M. Crea

(9) PRESENT POSTOFFICE OF FATHER Kingstree

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Williamsburg

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Duffey

(15) PRESENT POSTOFFICE OF MOTHER Kingstree

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Williamsburg

(19) OCCUPATION House wife

(20) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Mittie Tindale  
 (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 22 is signed by mark)

(27) Filed Mar 1923 (28) S. D. Tindale 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.