CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
36191

(1) PLACE OF BIRTH
County of Richland
Township of .....
or
Inc. Town of ..... Registration District No. 38a Registered No. 1585
or (For use of Local Registrar)
City of Lyckland S.C. (No. S.C. Baptist Hospital 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 Nina Salley McGregor } If child is not yet named, make supplemental report as directed

(3) GIRL?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth 2	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Dec. 11 22 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ernest Laurens McGregor
(9) PRESENT POSTOFFICE OF FATHER Lyckland S.C.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 29. (Years)
(12) BIRTHPLACE Dillon County.
(13) OCCUPATION Creamery business
(20) Number of children born to mother, including present birth 2.

MOTHER

(14) NAME BEFORE MARRIAGE Edith Sheldonna Salley
(15) PRESENT POSTOFFICE OF MOTHER Lyckland S.C.
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 23. (Years)
(18) BIRTHPLACE Orangeburg County.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clarence E. Owens
(24) State whether Physician or Midwife M. D.
(25) Address of Physician or Midwife 130 Laurel

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 10-31-1922 C. Ellis Clarke 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.

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.

THIS BLANK IS A PERMANENT RECORD. 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.

McCaw of Columbia.