

(1) PLACE OF BIRTH

County of JasperTownship of Robert

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2602 Registered No. 57
(For use of Local Registrar)(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 Maria Moll If child is not yet named, make supplemental report as directed(3) SEX OF CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Oct. 6, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Monroe Moll(9) PRESENT RESIDENCE OF FATHER Williston, S. C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Williston, S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Four

MOTHER.

(15) NAME BEFORE MARRIAGE Estelle Scott(16) PRESENT RESIDENCE OF MOTHER Williston, S. C.(17) COLOR OR RACE Col (18) AGE AT LAST BIRTHDAY 34 (Years)(19) BIRTHPLACE Jasper Co., S. C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(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

Oct 10, 1922

(28) 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.