CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 9485

(1) **PLACE OF BIRTH**

County of York

Township of .....
or
Inc. Town of .....
or
City of Rock Hill (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4413 Registered No. 38
(For use of Local Registrar)

(2) **Full Name of Child** Mary Madline Moll
If child is not yet named, make supplemental report as directed

(3) Boy or Girl?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) Date of Birth
Girl	To be answered only in event of Twins or Triplets		yes	March 8 1922 (Name of Month) (Day) (Year)

FATHER	MOTHER
(8) Full Name: W. H. Moll	(14) Name before marriage: Minnie Bailey
(9) Present Postoffice of Father: Rock Hill, S.C.	(15) Present Postoffice of Mother: Rock Hill, S.C.
(10) Color or Race: White (11) Age at last birthday: 53 (Years)	(16) Color or Race: White (17) Age at last birthday: 37 (Years)
(12) Birthplace: Randolph Co., N.C.	(18) Birthplace: Rock Hill, S.C.
(13) Occupation: Merchant	(19) Occupation: Housewife
(20) Number of children born to mother, including present birth: 1 Five	(21) Number of children of this mother now living, including present birth: 1 Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... at 7.30 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) J. A. Biggers M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report
.....
..... 19.... Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4/17 1922 (28) J. Merle 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.

MARGIN RESERVED FOR BINDING.
WRITE 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 OTHERS, No. 2, etc., in question 5.

BEGGS OF COLUMBIA, COLUMBIA, S. C.