

## (1) PLACE OF BIRTH

County of *Oconee*  
 Township of *Seneca*  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12264

Registration District No. *3504*Registered No. *451*

(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 *Mary Marie James*

If child is not yet named, make supplemental report as directed

3. SEX OF GIRL

(4) Twin or Triplet?

(5) Number in order of birth *2*(6) Are Parents Married? *Yes*

(7) DATE OF

BIRTH

*Mar 31, 1922*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Ans James*

(9) PRESENT POSTOFFICE OF FATHER

*Seneca R.F.D*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*40*  
(Years)

(12) BIRTHPLACE

*Oconee*

(13) OCCUPATION

*Mill work*

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

*2*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Varina Girsh*

(15) PRESENT POSTOFFICE OF MOTHER

*Seneca R.F.D*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*35*  
(Years)

(18) BIRTHPLACE

*Oconee*

(19) OCCUPATION

*wife*

(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 *4:20 P.M.* 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

*Seneca S.C.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed

*4/10/22*

(28)

*J. H. James*  
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.

Registrar

Local Registrar

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