

Form No. 10. REASON REQUIRED FOR THIS RETURNING. THIS IS A PREPARATION FOR EACH CHILD, AND MARK THE WRITING PLACES. WITH UNFADING INK. FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH
County of Lorenzo
Township of Salem City
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
1902

Registration District No. 2012 Registered No. 5-
(For use of Local Registrar)
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 Christine Elias { If child is not yet named, make supplemental report as directed

(8) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 2</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(9) FULL NAME <u>Ube Elias</u>			(14) NAME BEFORE MARRIAGE <u>Nasina Haskins</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Salem City, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Salem City, S.C.</u>	
(11) COLOR OR RACE <u>white</u>	(12) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
(13) BIRTHPLACE <u>Servia</u>			(18) BIRTHPLACE <u>Servia</u>	
(13) OCCUPATION <u>merchant</u>			(19) OCCUPATION <u>housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) S. B. W. Courtney
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Salem City, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan. 10, 1911 (28) C. D. Rollins 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.

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