

(1) PLACE OF BIRTH

County of Lenoir  
Township of Salem City

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

1912

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 2, 1912  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Ube Elias  
(9) PRESENT POSTOFFICE OF FATHER Salem City, S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)  
(12) BIRTHPLACE Servia  
(13) OCCUPATION merchant  
(14) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Nasina Haskins  
(15) PRESENT POSTOFFICE OF MOTHER Salem City, S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16 (Years)  
(18) BIRTHPLACE Servia  
(19) OCCUPATION housewife  
(21) Number of children of this mother now living, including present birth 1

**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. Courtenay  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Salem City, S.C.

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 Jan. 10, 1912 (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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Form No. 10. REVISION SEPTEMBER 1911. THIS IS A PERMANENT REGISTER. WRITING PLAINLY. WITH ENLARGING INK. FILL IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK, No. 2, etc., in question 2. FIRST-BORN, No. 1. THIRD OTHER, No. 3, etc., in question 5. of Columbia.