

MARGIN RESERVED FOR INDEXING.  
WHICH PLAINS, WITH INSTRUCTIONS, IS A PRESENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Myrtle Beach*  
Township of *Myrtle Beach*  
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  
**4526**

Registration District No. *2400* Registered No. *21*  
(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 *Chara Marshall* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Jan 13 1922*  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <i>Ben Helwach</i>	(14) NAME BEFORE MARRIAGE <i>Chara Connelly</i>	(15) PRESENT POSTOFFICE OF FATHER <i>Lima Ole</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Lima Ole</i>
(10) COLOR OR RACE <i>col</i>	(11) AGE AT LAST BIRTHDAY <i>24</i> (Years)	(16) COLOR OR RACE <i>col</i>	(17) AGE AT LAST BIRTHDAY <i>22</i> (Years)
(12) BIRTHPLACE <i>Myrtle Beach</i>	(18) BIRTHPLACE <i>Myrtle Beach</i>	(19) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>Housewife</i>
(20) Number of children born to mother, including present birth <i>1</i>	(21) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *8 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Anna Smith*  
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Myrtle Beach*

Given name added from a supplemental report  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed *Feb 12 1922* (28) *L. E. Harrison* 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.