

(1) PLACE OF BIRTH

County of *Sumter*

Township of *Sumter*

or
Inc. Town of

or
City of

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

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

File No. — For State Registrar Only
79508

Registration District No. *14-1-08*

Registered No. *137*
(For use of Local Registrar)

St. Ward)

(2) Full Name of Child *Priscilla Ouer DeChamps*

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet? *No*
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Aug. 27, 1914*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Ballie DeChamps*

(9) PRESENT POSTOFFICE OF FATHER *Sumter, S.C.*

(10) COLOR OR RACE *Negro*

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.
(14) NAME BEFORE MARRIAGE *Letitia*

(15) PRESENT POSTOFFICE OF MOTHER *Sumter, S.C.*

(16) COLOR OR RACE *Negro*

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

(21) Number of children of this mother now living, including present birth

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *10* M., (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature) *Malet Anderson*

(24) State whether *Midwife* Address of Physician or Midwife *Sumter, 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 *Oct. 1, 1914* (28) *DeChamps* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return before the fifth month of pregnancy. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths.

(from data sent no.)