

(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. 4-1-08 Registered No. 137  
(For use of Local Registrar)

(2) Full Name of Child Lucile Over DeChamps (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 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 38 (Years)  
(12) BIRTHPLACE  
(13) OCCUPATION  
(20) Number of children born to mother, including present birth

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Lucile ?  
(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)  
(18) BIRTHPLACE  
(19) OCCUPATION  
(21) Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
I hereby certify that I attended the birth of this child, who was Born alive at 10 M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Walter Anderson Parreth  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
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) Walter Anderson Parreth 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.)

RECEIVED BY THE REGISTERAR