

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Beaufort  
 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

19182

Registration District No. 2037Registered No. 112  
(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 Leo Ham B. K.

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

3 BOY OR GIRL? B

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Y

(7) DATE OF BIRTH

May 18 1912  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME

Leo Ham B. K.

9 PRESENT POSTOFFICE OF FATHER

Lancaster St

10 COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

16  
(Years)

12 BIRTHPLACE

Lancaster Co

13 OCCUPATION

farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Leah B. K.

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster St

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

37  
(Years)

(18) BIRTHPLACE

Lancaster Co

(19) OCCUPATION

housewife

20 Number of children born to mother, including present birth

16

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

15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. Grant

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lancaster St

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

7-19-22

(28)

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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