

## (1) PLACE OF BIRTH

County of Greenville S.C.  
 Townships of Greenville S.C.

## CERTIFICATE OF BIRTH

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

File No. - 105

Inc. Town of Greenville  
 City of Greenville

Registration District No. 2209A Registered No. 45  
 (For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (2) Full Name of Child Steven Paul Lester If child is not yet named, make supplemental report as directed

1. SEX OR TRIPL boy 2. Twin or Triplet No 3. Number in order of birth 1 4. Age Parents Married No 5. DATE OF BIRTH Feb 20 1923  
 (Name of Month) (Day) (Year)

FATHER. 6. NAME BEFORE MARRIAGE John Paul Lester

7. PRESENT POSTOFFICE OF FATHER Greenville 8. PRESENT POSTOFFICE OF MOTHER Greenville

9. COLOR OR RACE White 10. AGE AT LAST BIRTHDAY 12 11. AGE AT LAST BIRTHDAY 12 (Year)

12. BIRTHPLACE Greenville 13. OCCUPATION Farmer

14. NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 2

15. NUMBER OF CHILDREN BORN TO OTHER, INCLUDING PRESENT BIRTH 0

16. I hereby certify that I attended the birth of this child, who was born alive at 9:00 A.M., on the date above stated. (Signature of Physician or Midwife) Phys. (Address of Physician or Midwife) Greenville

17. (Given name added from a supplemental report) Steven Paul Lester

18. Witness (Signature of Witness necessary only when question 23 is signed by mark) Wm. T. 23 (23) A. 27 Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it should be reported as born. No report is desired of stillbirths.