

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

OF

Inc. Town of .....

OF

City of Anderson

(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

19743

Registration District No. 3ARegistered No. 227

(For use of Local Registrar)

(2) Full Name of Child Lelia Virginia Steya

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

(3) SEX  
GIRL(4) Twin  
or Triplet(5) Number in  
order of birth(6) Age  
Person  
Married

(7) DATE OF

BIRTH July 11, 1923  
(Month of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEE C Steya(9) PRESENT  
POSTOFFICE  
OF FATHERAnderson(10) COLOR  
OR  
RACEW(11) AGE AT LAST  
BIRTHDAY34  
(Years)

(12) BIRTHPLACE

Waver Ga

(13) OCCUPATION

Salesman(14) Number of children born to  
mother, including present birth2

## MOTHER.

(15) NAME BEFORE  
MARRIAGEChristina McNeese(16) PRESENT  
POSTOFFICE  
OF MOTHERAnderson(17) COLOR  
OR  
RACEW(18) AGE AT LAST  
BIRTHDAY19  
(Years)

(19) BIRTHPLACE

Union St

(20) OCCUPATION

housewife(21) Number of children of this mother  
now living, including present birth2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement  
report

(26) Witness

(Signature of Witness) F B CRAYTON,  
when question 23 is signed by him

(27) Filed

19

(28)

ANDERSON, S.C.  
Local RegistrarWhen 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.Filed 2/21, 1931Lelia McNeese  
Registrar