

## File No. — For State Registrar Only

879

Registration District No. 4404 Registered No. 162  
(For use of Local Registrar)

City of ..... (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 Alvin Walter { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
<i>Girl</i>	<i>No</i>	<i>1</i>	<i>Yes</i>	<i>Jan 29 1916</i> <small>(Name of Month) (Day) (Year)</small>

FATHER.	
(8) FULL NAME	<i>John S. Maeker</i>
(9) PRESENT POSTOFFICE OF FATHER	<i>Leslie S.C.</i>
(10) COLOR OR RACE	<i>White</i> (11) AGE AT LAST BIRTHDAY <i>43</i> (Years)
(12) BIRTHPLACE	<i>York Co. S.C.</i>
(13) OCCUPATION	<i>Farmer</i>
(20) Number of children born to and birth	<i>1</i>

MOTHER.

(14) NAME BEFORE MARRIAGE *Jennie Gettys*

(15) PRESENT POSTOFFICE OF MOTHER *Leslie S.C.*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *37* (Year)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *1*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was ..... at 12 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. McCombs  
(24) State whether Physician or Midwife: Physician (25) Address of Physician or Midwife: \_\_\_\_\_

Given name added from a supplement-  
tal report

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

(27) Filed 12/1 1916. (28) J. C. Miller  
Local Registrar.

Registrar

(27) Filed 1/17 1966. (28) 1/17 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 in the fifth month of pregnancy.

third month of pregnancy