

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

File No.—For State Registrar Only

73983

State Board of Health

(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. *James Earl Ray* .. If child is not yet named, make supplemental report as directed

(3) **BOY OR GIRL?** boy (4) **Twin or Triplet?** (5) **Number in order of birth** 6 (6) **Are Parents Married?** yes (7) **DATE OF BIRTH** Aug. 18 1926
(Name of Month) (Day) (Year)

(8) FULL NAME **FATHER.**
Wm. Zolner

(9) PRESENT POSTOFFICE OF FATHER *Leeds*

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE *Coventry*

(13) OCCUPATION *Artist*

(20) Number of children born to mother, including present birth { 6

(14) NAME BEFORE MARRIAGE Elizabeth

(15) PRESENT POSTOFFICE OF MOTHER *Lebanon*

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE se

(19) OCCUPATION *Domestic*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born alive at 1000 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Handwritten Signature]*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed Sept 9 1916... (28) P. D. Cunningham
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.