

County of Jefferson  
 Township of 3rd  
 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  
19578

Registration District No. .... Registered No. ....  
(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 Jean Ina Peterson If child is not yet named, make mental report as directed

4) Twin or Triplet? 5) Number in order of Birth

To be answered only in event of Twins or Triplets

0) Are Parents Married? Yes DATE OF BIRTH 30 June 1942

## PLATE 1

9 FULL NAME James Earl Ray

01 PRESENT  
FOOTOFFICE  
OF FATHER

(1) COLOR IN PAGE

AGE AT LAST BIRTHDAY

1. BIRTHPLACE London, England

13. OCCUPATION.

23 Number of children born to mother, including current birth

## MOTHER

14) NAME BEFORE MARRIAGE *John J. ...*

151 PRESENT  
POSTOFFICE  
OF MOTHER

161	COLOR OR RACE	17	AGE AT LAST BIRTHDAY
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13- BIRTHPLACE

19. OPPOSITION Grone SC

19- OCCUPATION house wife

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 Alvin at 4 P. M.,  
on the date above stated. Barbara J. Hurd Barbara J. Hurd

(23) (Signature) Malena Wiley  
(23) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplement-  
ary report

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

Filed June 12 1934 (23) W. H. Miller  
Local Registrar.

When a child is stillborn, the father, householder, etc., should make this return. It should be reported as stillborn. No report is desired of stillbirths during the fifth month of pregnancy.