

(1) PLACE OF BIRTH

County of
Township of
or
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

12846

Registration District No. 4001-0

Registered No.
(For use of Local Registrar)

City of _____ (No. _____ St.; _____ Ward) _____
 (If death occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

_____ (If institution is not yet named, make supplemental report as directed)

3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Parents Married? BIRTH (Name of Month) (Day) (Year)

FATHER.	<i>Wm. T. ...</i>	MOTHER.	<i>...</i>
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9) FULL NAME James Earl Ray (14) NAME BEFORE MARRIAGE John Elian Ruesch

9) PRESENT. *10/15/51*

POSTOFFICE OF FATHER	POSTOFFICE OF MOTHER
NAME COLOR	NAME COLOR
AGE AT LAST	AGE AT LAST

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) R. G. Winterhagen, MD
Address of Physician or Midwife

<p>(24) State whether Physician or Midwife</p>	<p>(25) Address of the _____</p>
<p><i>Attended</i></p>	<p><i>Franklin St.</i></p>

Given name added from a supplemental report

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