

(1) PLACE OF BIRTH

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County Thurston.....

Township of Durham.....

OF

Inc. Town of.....

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alison Marie Jacobs If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL 111	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? 111	(7) DATE OF BIRTH (Name of Month) (Day) (Year) 111 11 11
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FATHER **I** **MOTHER**

(8) FULL NAME James Earl Ray

1. The first part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them. The list includes names such as "Mr. J. H. Smith", "Mr. W. H. Jones", and "Mr. R. H. Brown".

9. PRESENT POSTOFFICE OF FATHER *100 - 100*

OF FATHER		OF MOTHER	
(10) COLOR	(11) AGE AT LAST	(10) COLOR	(11) AGE AT LAST

(16) COLOR OR PAGE (17) COLOR OR PAGE (18) COLOR OR PAGE (19) COLOR OR PAGE

10 RACE (Type) _____ RACE (Type) _____
10 BIRTHPLACE _____ BIRTHPLACE _____

(b) (5) DPP, (b) (5) ACP

(12) OCCUPATION	(10) OCCUPATION
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[illegible][illegible]

29) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(3) I hereby certify that I attended the birth of this child who was born at St. Louis, Mo.

(22) I hereby certify that I received the birth of said child, who was born all dead stillborn on the date above stated. Hour A. M. or P. M.

(18) (b)(7)(D) Lupine N. 100000

(26) State whether Physician or Midwife / (28) Address of Physician or Midwife

Michaela Fuchs

Given name added from a supplement

and report

When question 22 is signed by mark.



When there is a death, the father, mother, etc., should make this return.

It is a contraindication to the use of this drug in pregnancy.

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(continued)
