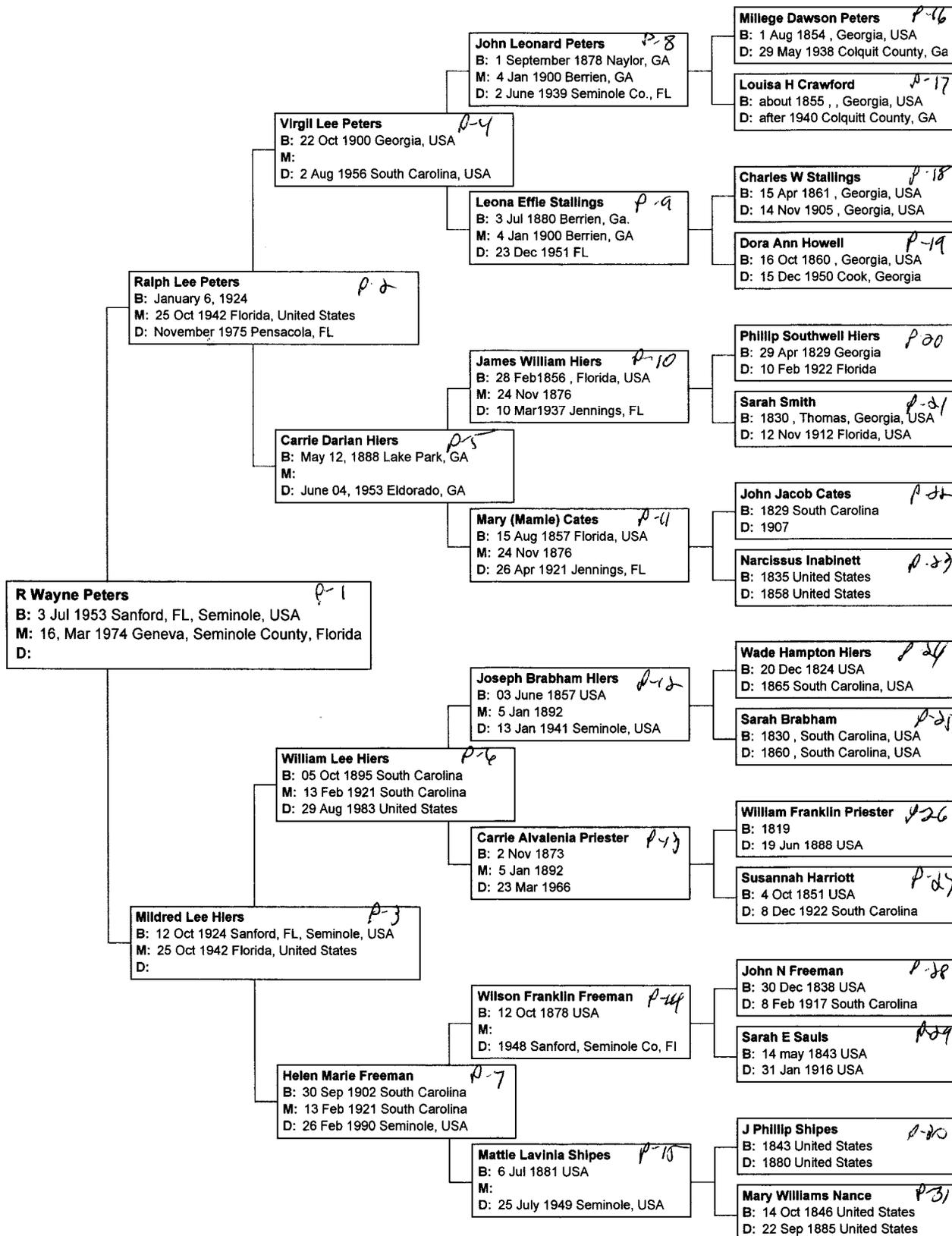


*Peters Family
Ancestry Report*





R. Wayne Peters (P-1)



B: 3 July 1953

M: 16 Mar 1974 R. Shan Sizemore

D: Living



B: 7 Oct 1955

D: Living

Children:

Robert Wayne Peters

B: 3 Sep 1974



Parents of R. Wayne Peters (P-1)

Father:

Ralph L. Peters (P-2)

B: 6 Jan 1924 Lenox. GA.

M: 25 Oct 1942

D: 25 Nov 1975 Milton, FL



Mother:

Mildred L. Hiers (P-3)

B: 12 Oct 1924 Sanford, FL

D: Living



Children:

Donna Lynn

R. Wayne

Unless otherwise noted all information and documentation shown within this report is from research at:
www.ancestry.com

Information on Ralph L. Peters (P-2)

Ralph Peters birth record shows that Ralph L. Peters was born 6 Jan 1924 in Lenox, GA. His parents are listed as Virgil Peters and Carrie Hires (Hiers).

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

1 PLACE OF BIRTH <u>Cook</u>		GEORGIA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH		FILE No. Per State Registrar Only. <u>15093</u>		S.O.V.S. <u>5</u>	
COUNTY OF <u>Cook</u>		MIL. DIST. OF <u>Lenox 1156</u>		REG. DIS. No. _____ REGISTER No. <u>1</u>		15093	
TOWN OR CITY OF <u>Lenox Ga</u>		STREET _____					
2 FULL NAME OF CHILD <u>Ralph Lee Peters</u>						IF CHILD IS NOT YET NAMED, MAKE SUPPLEMENTAL REPORT, AS DIRECTED.	
3 SEX OF CHILD <u>Male</u>	4 TWIN, TRIPLET OR OTHER	5 NUMBER IN ORDER OF BIRTH <u>1</u>	6 LEGITIMATE (YES OR NO) <u>yes</u>	7 DATE OF BIRTH <u>Jan 6 1924</u>			
8 FULL NAME FATHER <u>Virgil Peters</u>			9 FULL MAIDEN NAME MOTHER <u>Carrie Hires</u>				
10 RESIDENCE <u>Lenox Ga</u>			11 RESIDENCE <u>Lenox Ga</u>				
12 COLOR <u>White</u>		13 AGE AT LAST BIRTHDAY <u>23</u> (YEARS)		14 COLOR <u>White</u>		15 AGE AT LAST BIRTHDAY <u>23</u> (YEARS)	
16 BIRTHPLACE <u>Ga</u>		17 BIRTHPLACE <u>Ga</u>					
18 OCCUPATION <u>Welding Mgr</u>		19 OCCUPATION <u>Housewife</u>					
20 NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THE PRESENT BIRTH <u>4</u>		21 NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING <u>4</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
22 I hereby certify that I attended the birth of this child, who was born alive at <u>11:30 P</u> M. on the date above stated, and that I did <u>not</u> use the treatment for preventing ophthalmia neonatorum.				(Signature) <u>[Signature]</u>			Physician or Midwife
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.				Address <u>Lenox Ga</u>			Given name added from a supplemental report _____
23 Filed <u>1-12-24</u>		<u>W. J. [Signature]</u> State Registrar		Registrar			

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF COMMUNITY HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 290-1-3, DCH RULES AND REGULATIONS. Any reproduction of this document is prohibited by statute. Do not accept unless security paper with seal of Vital Records clearly embossed, Chapter 31-10, Code of Georgia as amended.

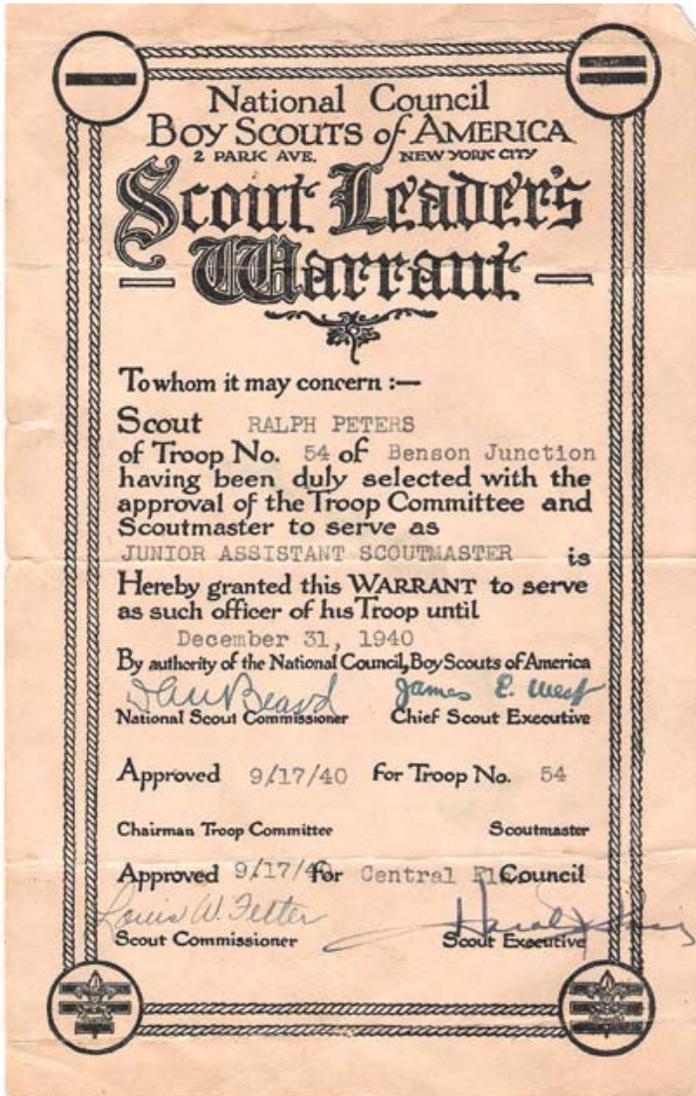
BY [Signature] Registrar

WARNING: THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND, EMBOSSED SEAL AND THERMOCHROMIC INK. THE BACK CONTAINS SPECIAL LINES WITH TEXT.

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Form 3972 (Rev. 3/10)



Ralph was involved in Boy Scouts as evidenced by this Scout Leader's certificate. I am not sure when Ralph and his family moved from Lenox, GA to the Enterprise, FL area, but his picture is in a 1942 Deland High School Yearbook as a Junior. (see next page)

He and my mother, Mildred Hiers, married before graduating from High School. It may be that during this time, as WWII was going on, they may have decided to go ahead and marry, not knowing what the future might hold. After their marriage, they lived for a while in Daytona Beach, where Ralph worked for a Plumbing Company. I am not sure if he was drafted, or just decided to join, but in March of 1943, he was inducted into the Army. What few records of his service I could find are included on the following pages. After the war, he worked for a while at Sanford Electric Co, in Sanford, FL, and then as a salesman for Life & Casualty Life Insurance. His last place of employment in Sanford was at the Sanford Naval Air Station, in Sanford, FL.

JUNIOR *Class* ROLL

Eleanor Allen
Katherine Allen
Frances Armstrong
Dean Atwood
Irene Barnard
Doris Bragg
Jack Bragg
Virgie Breaux
Virginia Brooke
Ella Fay Brooks
Betty Brown
Ozyleah Brown
Gerald Bumgarner
Laura Bumgarner
Bette Cannon
Ray Carroll
Dorothy Carter
Floyd Cheatham
John Chrisenberry
Mary Frances Coggin
Alma Cooper
Geraldine Cockrell
Frank Connell
Carolyn Crosby

Jerry Crume
Russell Currey
Janette DeBella
Drew Douglas
Juanita Drew
Julia Driggers
Phyllis Dyer
Ludwell Echols
Rufus Ellis
Robert Ford
Evelyn Frierson
Ruth Gill
Betty Graves
Betty Greer
James Grovenstein
Audrey Hankinson
Carl Harris
Russell Heptinstall
Albert Homer
Pauline Jensen
Richard Jones
Willard Jones
Evelyn Kelly
Genevieve Kepler

Dorothy Knight
Marshall Lane
Nick Larweth
Eugene Locke
Dan Lumpkin
Dorothy McCluskey
Helen McCluskey
Thelma McDaniel
Rebecca McDougald
Robert McKenzie
Dick Mahaffey
Abraham Massey
Marjorie Merrill
Betty Lee Moaty
Irene Moreland
Charlotte Nordmann
Louis Nordmann
Hubert Norman
Virginia Page
Arnold Pancratz
Edna Parrish
Ralph Peters
Beatrice Poirier
Rubert Prevatt

Earl Purvis
Robert Ragon
Mary Lois Rape
Carlton Shaw
Elton Smith
Kathleen Smith
Claude Snowden
Cecil Stover
Roy Swann
Margaret Sylvia
Edward Talton
Connie Tatum
Donald Tatum
Cortez Tedder
Ellen Thompson
Carl Tiller
Betty Lou Turner
Roger Turner
Dorothy Ulmer
James West
Janet White
Elsie Witt
Dorothy Young

Flower—White Rose. Motto—"Nothing ventured, nothing gained." Sponsors—Miss Horn, Miss Foard, Miss Foster. Colors—Blue and Silver.



STATE OF FLORIDA

FL

FL

OFFICE of VITAL STATISTICS

CERTIFIED COPY

Marriage License

C. J. No. 39103

CENTRAL BUREAU OF VITAL STATISTICS

39103

State of Florida, Seminole County

To any Minister of the Gospel, or any Officer Legally Authorized to Solemnize the Rite of Matrimony:

Whereas, Application having been made to the County Judge of Seminole County, of the State of Florida, for a license for marriage, and it appearing to the satisfaction of said County Judge that no legal impediments exist to the marriage now sought to be solemnized,

These are, Therefore, To authorize you to unite in the

Holy Estate of Matrimony

Ralph Lee Peters and Mildred Lea Hiers

and that you make return of the same, duly certified under your hand, to the County Judge aforesaid.

Witness, my name as County Judge, and the seal of said Court, at the Courthouse in

Sanford, this 25 day of October, A. D. 1942

R. W. Ware, County Judge.

CERTIFICATE OF MARRIAGE

I Certify, that the within named Ralph Lee Peters and Mildred Lea Hiers were by me, the undersigned, duly united

in the Holy Estate of Matrimony, by the authority of the within License. Done this 25 day of Oct., A. D. 1942 at Sanford, 45-5-11 Florida.

Witness Louise Klein

R. W. Ware

Witness Robert H. Bues

County Judge

Returned this 7 day of Feb, A. D. 1942, and recorded in Marriage Book 7, Page 224, R. W. Ware County Judge.

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

C. Meade G. G. J.

State Registrar

Date Issued: **MAY 27 2009**

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

WARNING:



DH FORM 1946 (08-04)

25659575

CERTIFICATION OF VITAL RECORD



* 2 5 6 5 9 5 7 5 *

Death Certificate for Ralph L. Peters:

CERTIFIED COPY

I HEREBY CERTIFY THE COPY REPRODUCED BELOW TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THE BUREAU OF VITAL STATISTICS OF THE STATE OF FLORIDA. DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES. AT JACKSONVILLE, FLORIDA.

(NOT VALID UNLESS THE SEAL OF THE STATE OF FLORIDA. DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES. IS AFFIXED.)

Oliver A. Bouch
STATE REGISTRAR FOR VITAL STATISTICS
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

MAR 24 1986

CERTIFICATE OF DEATH
FLORIDA

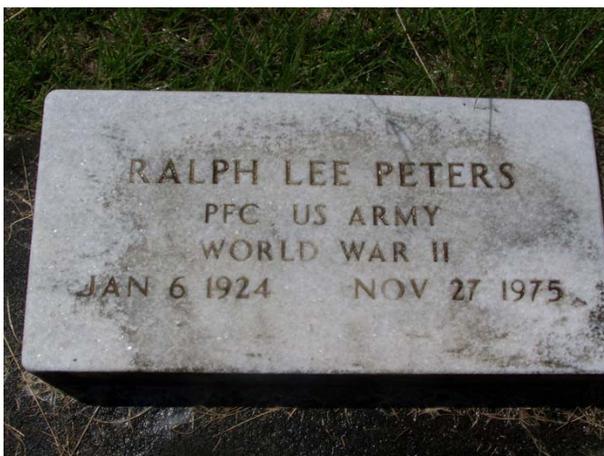
Department of Health and Rehabilitative Services
DIVISION OF HEALTH
BUREAU OF VITAL RECORDS

STATE FILE NO. 75-076285
REGISTRAR'S NO. 1917

1. DECEASED—NAME FIRST MIDDLE LAST RALPH LEE PETERS		2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) November 27, 1975
4. RACE (SPECIFY) White	5. AGE—LAST BIRTHDAY (YEARS, MONTHS, DAYS) 51	6. DATE OF BIRTH (MONTH, DAY, YEAR) Jan. 6, 1924	7. COUNTY OF DEATH Escambia
8. CITY, TOWN, OR LOCATION OF DEATH Pensacola	9. RESIDE CITY LIMITS (SPECIFY "YES" OR "NO") No	10. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) West Florida Hospital	
11. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Georgia	12. CITIZEN OF WHAT COUNTRY U. S. A.	13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Jeanette Peters Bullard
15. SOCIAL SECURITY NUMBER 265-24-7741	16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Civil Service Worker	17. KIND OF BUSINESS OR INDUSTRY Retired	
18. RESIDENCE—STATE Florida	19. COUNTY Santa Rosa	20. CITY, TOWN, OR LOCATION Pace	21. STREET AND NUMBER (SPECIFY "YES" OR "NO") Rt. 2 Box 152
13. FATHER—NAME FIRST MIDDLE LAST Virgil Peters		14. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Carie Hiers	
15. INFORMANT—NAME Mrs. Jeanette Peters		16. MAILING ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP) Rt. 2, Box 152, Pace, Florida, 32570	

This Section Contains
Confidential Medical Certification

17. I AFFIRMED THE DECEASED FROM 12/14/75	18. TO death	19. HOUR OF DEATH 11:27	20. DAY 25	21. YEAR 75	22. BODY AFTER DEATH disinterred	23. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 11:45
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, THE DECEASED WAS RECOGNIZED DEAD						
24. CERTIFIER—NAME (TYPE OR PRINT) Robert C Palmer M. D.		25. SIGNATURE <i>Robert C. Palmer M.D.</i>	26. DEGREE OR TITLE M.D.	27. DATE SIGNED (MONTH, DAY, YEAR) 12/3/75		
28. MAILING ADDRESS—CERTIFIER (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP) 8333 North Davis Highway Pensacola, Florida 32504						
29. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	30. CEMETERY OR CREMATORY—NAME Bethlehem Cemetery		31. LOCATION Tifton, Georgia			
32. FUNERAL HOME—NAME AND ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP) Lewis-Sowell Funeral Home, P.O. Box 189, Milton, Florida, 32570						
33. FUNERAL DIRECTOR—SIGNATURE <i>Ornie Howell</i>		34. REGISTRAR—SIGNATURE <i>Faye S. Howard, Deputy</i>		35. DATE RECEIVED BY LOCAL REGISTRAR December 3, 1975		



Ralph L. Peters is buried in the Bethlehem Primitive Baptist Church Cemetery in Lenox, GA.

Information on Mildred L. Hiers (P-3)

Below is a picture of Mildred and her brother and sisters. Left to right are Louise, William, Jr., Mildred, and Hazel.



Mildred went to elementary, middle, and high school in Sanford. Southside Primary School 3rd grade class picture dated 7 Dec 1932. Mildred is the 4th one from the left, sitting on first row.



After her marriage to Ralph L. Peters, Mildred worked at the J. C. Penney store in downtown Sanford, FL.



This is their first home on Bel Air in Sanford, FL.



This is a picture of Ralph and Mildred standing in front of their second home on Sunset Dr in Sanford, FL.



Parents of Ralph L. Peters (P-2)

Father:

Virgil L. Peters (P-4)

B: 22 Oct 1900 Lenox, GA
M: Carrie Knight Hiers
D: 5 Aug 1956 Charleston, SC



Mother:

Carrie Knight Hiers (P-5)

B: 12 May 1888 Lake Park, GA
D: 4 Jun 1953 Eldorado, GA



Children:

Ralph

Step Children:

J T Knight

Rudolf Knight

1930 Census shows Virgil, wife Carrie, son Ralph

State Florida Incorporated place _____
 County Volusia Ward of city _____ Block No. _____
 Township or other division of county Election Precinct 1, Cretchier Reincorporated place Enterprise (Queen of Hours) Institute _____
(Insert proper name and a full name of town, or city, village, town, or borough. See instructions.)
(Insert name of any unincorporated place having approximately 500 inhabitants or more. See instructions.)

1	2	3	4	5	6	HOME DATA				PERSONAL DESCRIPTION				EDUCATION		18	
						7	8	9	10	11	12	13	14	15	16		17
Household or family	Male	Female	Number of persons in family	Name of each person whose place of abode on April 1, 1930, was in this family	Relationship of this person to the head of the family	House owned or rented	Value of home, lot, and improvements, if rented	Radio set	From this family (include boarders)	Sex	Color of race	Age at last birthday	Married condition	Age at first marriage	Attended school beyond high school	Whether able to read and write	Place of birth of each person in the United States, give State which birthplace is now situated
1	74	74		Griffin Benjamin L	Head	0	2000	ya	M	W	70	M	20	70	ya	Virginia	
2				- Mary	Wife H			X	F	W	72	M	21	70	ya	Florida	
3	75	75		Bailey Herman L	Head	7	15	P	M	W	52	OW	24	70	ya	Missouri	
4				- Gertrude	Wife H			V	F	W	50	M	20	70	ya	Missouri	
5				- Joseph	Son			V	M	W	57	OW	21	70	ya	Missouri	
6	76	76		Young Jay A	Head	7	15	P	M	W	42	M	20	70	ya	Nebraska	
7				- Emma	Wife H			V	F	W	40	M	21	70	ya	South Carolina	
8				- Richard	Son			V	M	W	17	S		70	ya	Nebraska	
9				- Robert	Son			V	M	W	15	S		70	ya	Nebraska	
10				- Jay Jr.	Son			V	M	W	13	S		70	ya	Nebraska	
11				- Mary	Daughter			V	F	W	9	S		70	ya	Nebraska	
12				- Ruth	Daughter			V	F	W	8	S		70	ya	Nebraska	
13				- Helen	Daughter			V	F	W	6	S		70	ya	Nebraska	
14	77	77		Beck Albert W	Head	9	15		M	W	29	M	26	70	ya	New York	
15				- Esthine	Wife H			V	F	W	26	M	21	70	ya	South Carolina	
16				- Albert Jr	Son			V	M	W	22	S		70	ya	Florida	
17				- Robert E	Son			V	M	W	16	S		70	ya	Florida	
18	78	78		Warrington Leroy	Head	P	12		M	W	26	M	22	70	ya	Nebraska	
19				Warrington Gertrude	Wife H			V	F	W	25	M	21	70	ya	Nebraska	
20	79	79		Peters Virgil	Head	9	12		M	W	30	M	22	70	ya	Georgia	
21				- Carrie	Wife H			V	F	W	41	M	17	70	ya	Georgia	
22				- Ralph	Son			V	M	W	6	S		70	ya	Georgia	
23				Knapp Ruth	One daughter			V	F	W	18	S		70	ya	Georgia	
24				- J. J.	One son			V	M	W	14	S		70	ya	Georgia	
25	80	80		Gordon Carlis	Head	P	12	TP	M	W	26	M	22	70	ya	North Carolina	
26				- Thelma	Wife H			V	F	W	25	M	21	70	ya	North Carolina	
27				- Carl Jr	Son			V	M	W	2 1/2	S		70	ya	Florida	
28	81	81		Jones Clarence	Head	10	10		M	W	33	M	21	70	ya	West Virginia	
29				- Alice	Wife H			V	F	W	29	M	16	70	ya	Florida	
30				- Olie	Son			V	M	W	11	S		70	ya	Florida	
31				- Lorrain	Daughter			V	F	W	9	S		70	ya	Florida	
32	82	82		Carver Hahaine	Head	0	900		M	W	26	M	20	70	ya	Georgia	
33				- Eula	Wife H			X	F	W	45	M	19	70	ya	Georgia	
34				- James	Son			X	M	W	21	M		70	ya	Georgia	
35				- Ernest	Son			X	M	W	18	S		70	ya	Florida	
36				- Ruth	Daughter			X	F	W	16	S		70	ya	Florida	
37				- Edgar	Son			X	M	W	12	S		70	ya	Florida	
38				- Corliss	Daughter			X	F	W	9	S		70	ya	Florida	
39	83	83		Blair J.G.	Head	0	2000		M	W	60	M	22	70	ya	Tennessee	
40				- Nora	Wife H			V	F	W	52	M	6	70	ya	Tennessee	
41	84	84		Ross Lawton P	Head	P	14		M	W	31	M	23	70	ya	Kentucky	
42				- Zekal	Wife H			V	F	W	31	M	23	70	ya	Kentucky	
43				- Mary C	Daughter			V	F	W	7	S		70	ya	Arkansas	
44	85	85		Flislock Joseph	Head	P	6		M	W	41	M	16	70	ya	South Carolina	
45				- Mary	Wife H			V	F	W	40	M	15	70	ya	Kentucky	
46				- Hardy	Son			V	M	W	15	S		70	ya	Florida	
47				- Berdie	Son			V	M	W	13	S		70	ya	Florida	
48				- Helen	Daughter			V	F	W	11	S		70	ya	Florida	
49	86	86		Lynn Roy W	Head	0	900		M	W	57	M	57	70	ya	Pennsylvania	
50				- Ellen	Wife H			V	F	W	41	M	36	70	ya	West Virginia	



Death Certificate for Virgil L. Peters shows that he died on 2 Aug 1956. His second wife is listed; Vera. His parents are listed as: John Leonard Peters and Leona Stallings.

STATE OF SOUTH CAROLINA			
CERTIFICATION OF VITAL RECORD			
Registration Dist. No. <u>9a</u>		CERTIFICATE OF DEATH	
Registrar's No. <u>56-766</u>		Vital Statistics - State Board of Health	
Birth No. _____		State File No. <u>56 009931</u>	
1. PLACE OF DEATH a. COUNTY <u>Charleston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>South Carolina</u> b. COUNTY <u>Charleston</u>	
b. CITY, TOWN, OR LOCATION <u>Charleston</u>		c. LENGTH OF STAY IN lb Years _____	
d. NAME OF HOSPITAL OR INSTITUTION <u>Medical College Hospital</u>		d. STREET ADDRESS <u>105-E Logan Street</u>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>VIRGIL LEE PETERS</u>		4. DATE OF DEATH Month <u>Aug.</u> Day <u>2</u> Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10/22/00</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taxi Driver - Carolina Cab Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carolina Cab Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Lenox, Ga.</u>
13a. FATHER'S NAME: <u>John Leonard Peters</u>		13b. MOTHER'S MAIDEN NAME: <u>Leona Stallings</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		18. SOCIAL SECURITY NO. <u>?</u>	
14. HUSBAND OR WIFE'S NAME: <u>Vera Padgett Lemacks Peters</u>		17. INFORMANT Address <u>Vera Peters (Mrs.)</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hepatic Failure</u> DUE TO (b) <u>Hemologous Serum Jaundice</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>951X</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Carcinoma of Esophagus Resected</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION County _____ State _____		20g. _____	
21. I attended the deceased from <u>April 1956</u> to <u>August 2, 1956</u> and last saw him alive on <u>8/2/56</u>			
22a. SIGNATURE <u>Loise B. Jenkins M.D.</u> 22b. ADDRESS <u>42 Badger St. Charleston</u> 22c. DATE SIGNED <u>8/6/56</u>			
23a. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>		23b. DATE <u>8/4/56</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Bedons Paptist Chyd.</u>		23d. LOCATION (City, town, or county) <u>near Walterboro, S.C.</u>	
24. FUNERAL HOME SIGNATURE <u>J. HENRY STUHR, INC., Chas. 10. S.C.</u>		25. DATE RECD. <u>Aug 6 1956</u>	
26. REGISTRAR'S SIGNATURE <u>LEON BANDO, M.D.</u>		26. REGISTRAR'S SIGNATURE <u>LEON BANDO, M.D.</u>	
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE - Public Health Service			
Form No. VS-5			

SC 00570883

ISSUED JUL 08 2009

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

C. Earl Hunter
C. Earl Hunter
Commissioner and State Registrar

Guang Zhao
Guang Zhao
Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 05/01/2008

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Newspaper death notice for Virgil L. Peters.

Walterboro Rites Set For V. L. Peters, City

Funeral services for Virgil Lee Peters of 105 E. Logan St. will be held today at 11 a. m. at Bedon Baptist Church in Walterboro. The Rev. Luther G. Cribb will officiate. Burial will be in the churchyard. Pallbearers will be Brantley

Dauey, Jacob Thornell, Gerald Mahoney, Lanier Williamson, J. P. Moore and E. S. Wingate.

Mr. Peters, driver for the Carolina Cab Co., died Thursday at a local hospital.

Born Oct. 22, 1900, in Lenox, Ga., he was a son of the late John Leonard Peters and Mrs. Leona Stallings Peters, both of Lenox. He was a Baptist.

Surviving are his widow, a son, three stepsons, three step-daughters, five sisters, two brothers and two grandchildren.

Virgil L. Peters is buried in the Bedon Baptist Church Cemetery. His headstone could not be located when this picture was taken.



Parents of Virgil L. Peters (P-4)

Father:

John L. Peters (P- 8)

B: 1 Sep 1878 Naylor, GA
M: 4 Jan 1900 Leona E. Stallings
D: 5 June 1939 Orange City, FL



Mother:

Leona E. Stallings (P-9)

B: 3 Jul 1880 Berrien, GA
D: 23 Dec 1951 Sanford, FL



Children:

Virgil

Annie

Clara

Henry

Jewell

Austin

Ruby

Carrie Belle

STATE OF
GEORGIA

Certificate of Marriage

COUNTY OF
BERRIEN

TO ANY JUDGE, MAGISTRATE, OR MINISTER OF THE GOSPEL

You are hereby authorized to join

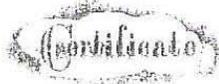
JOHN L. PETERS

and

LEONA STALLINGS

in the Holy State of Matrimony, according to the Constitution and Laws of this State and for so doing this shall be your License and you are hereby required to return this License to me with your Certificate hereon of the fact and date of the Marriage, within thirty days after the date of said Marriage

Given under my hand and Seal, this 20 day of JANUARY 1900



I Certify that

JOHN L. PETERS

and

LEONA STALLINGS

were joined in Matrimony by me this 4 day of JANUARY 1900

Recorded FEBRUARY 27 1900

A.W. PATTERSON

CLERK OF SUPERIOR COURT

This is to certify that the above is a true and correct copy of the Marriage Record of JOHN L. PETERS

and LEONA STALLINGS

as appears in my office in the Marriage Record Book No. 5 Page 157

Witness my hand and Seal this 4 day of FEBRUARY 1900

A.W. PATTERSON

CLERK OF SUPERIOR COURT

John L Peters Certificate of Marriage to Leona Stallings

NAME		SEX	AGE	EDUCATION	INDUSTRY	RELIGION	ETHNICITY	HEIGHT	WEIGHT	HAIR	EYES	COMPLEXION	SCARS	TOOTHES	HAZEL	DEAF	BLIND	CRIPPLE	PARALYZED	OTHER
577	Carroll Arston	Head	28	11	None	None	Georgia	5' 10"	150	Dark	Blue	Clear	None	None	None	None	None	None	None	None
578	Carroll Arston	Wife	24	11	None	None	Georgia	5' 10"	120	Dark	Blue	Clear	None	None	None	None	None	None	None	None
579	Garnel John	Head	27	11	None	None	Georgia	5' 10"	150	Dark	Blue	Clear	None	None	None	None	None	None	None	None
580	Garnel John	Wife	24	11	None	None	Georgia	5' 10"	120	Dark	Blue	Clear	None	None	None	None	None	None	None	None
581	Garnel John	Child	10	11	None	None	Georgia	4' 10"	80	Dark	Blue	Clear	None	None	None	None	None	None	None	None
582	Garnel John	Child	8	11	None	None	Georgia	4' 10"	70	Dark	Blue	Clear	None	None	None	None	None	None	None	None
583	Garnel John	Child	6	11	None	None	Georgia	4' 10"	60	Dark	Blue	Clear	None	None	None	None	None	None	None	None
584	Garnel John	Child	4	11	None	None	Georgia	4' 10"	50	Dark	Blue	Clear	None	None	None	None	None	None	None	None
585	Garnel John	Child	2	11	None	None	Georgia	4' 10"	40	Dark	Blue	Clear	None	None	None	None	None	None	None	None
586	Garnel John	Child	1	11	None	None	Georgia	4' 10"	30	Dark	Blue	Clear	None	None	None	None	None	None	None	None
587	Garnel John	Child	0	11	None	None	Georgia	4' 10"	20	Dark	Blue	Clear	None	None	None	None	None	None	None	None
588	Garnel John	Child	0	11	None	None	Georgia	4' 10"	20	Dark	Blue	Clear	None	None	None	None	None	None	None	None
589	Garnel John	Child	0	11	None	None	Georgia	4' 10"	20	Dark	Blue	Clear	None	None	None	None	None	None	None	None
590	Garnel John	Child	0	11	None	None	Georgia	4' 10"	20	Dark	Blue	Clear	None	None	None	None	None	None	None	None
591	Garnel John	Child	0	11	None	None	Georgia	4' 10"	20	Dark	Blue	Clear	None	None	None	None	None	None	None	None
592	Garnel John	Child	0	11	None	None	Georgia	4' 10"	20	Dark	Blue	Clear	None	None	None	None	None	None	None	None
593	Garnel John	Child	0	11	None	None	Georgia	4' 10"	20	Dark	Blue	Clear	None	None	None	None	None	None	None	None
594	Garnel John	Child	0	11	None	None	Georgia	4' 10"	20	Dark	Blue	Clear	None	None	None	None	None	None	None	None
595	Garnel John	Child	0	11	None	None	Georgia	4' 10"	20	Dark	Blue	Clear	None	None	None	None	None	None	None	None
596	Garnel John	Child	0	11	None	None	Georgia	4' 10"	20	Dark	Blue	Clear	None	None	None	None	None	None	None	None
597	Garnel John	Child	0	11	None	None	Georgia	4' 10"	20	Dark	Blue	Clear	None	None	None	None	None	None	None	None
598	Garnel John	Child	0	11	None	None	Georgia	4' 10"	20	Dark	Blue	Clear	None	None	None	None	None	None	None	None
599	Garnel John	Child	0	11	None	None	Georgia	4' 10"	20	Dark	Blue	Clear	None	None	None	None	None	None	None	None
600	Garnel John	Child	0	11	None	None	Georgia	4' 10"	20	Dark	Blue	Clear	None	None	None	None	None	None	None	None

1910 Census Berrien County, Georgia shows John Peters, wife Leona, children: Virgil, Annie, Henry, and Clara Mae.

WWI Registration Card for John L. Peters states that he is 41 years old and living in Lenox, GA. His date of birth is listed as 1 Sept 1877.

REGISTRATION CARD

SERIAL NUMBER 10 54
 JOHN L. PETERS
 DRAFT NUMBER 21869

PREVIOUS SERVICE: None
 LEADS: Lenox Review Ga

Age in Years 41
 Date of Birth Sept 1 1877

RACE: White

U.S. CITIZEN: Naturalized

PRESENT OCCUPATION: Farming

NEAREST RELATIVE: Leonard Peters

I AFFIRM THAT I AM REGISTERED AS AN ENEMY AND THAT THIS IS TRUE

John L. Peters

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tot	Medium	Short	Slender	Medium	Stout		
21	22 ✓	23	24 ✓	25	26	Blue	Light

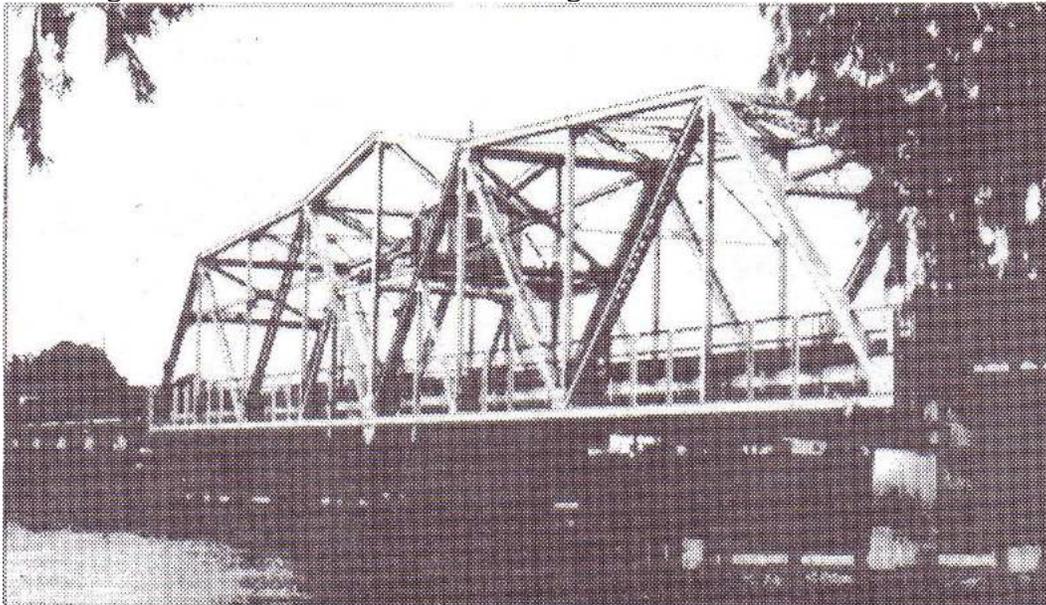
29 Has person lost arm, leg, hand, eye, or is he obviously physically disabled? (Specify)

30 I certify that my answers are true; that the person registered has read or has had read to him his own answers; that I have witnessed his signature or mark, and that all of his answers of which I have knowledge are true, except as follows:

V. B. G. Edwin
 Date of Registration Sept 17-18

STAMP OF LOCAL BOARD

John Peters was a Bridge Tender on the Lake Monroe Bridge, built in 1934, connects Sanford to Deland.



Death certificate for John L. Peters states that he died while living in Orange City, FL. His wife is listed as Leona and his parents are listed as Doss (Dawson) and Lou Crawford.

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFIED COPY

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Orange District No. 49-07
 Precinct ORANGE CITY Precinct No. 49-027
 City or Town No. _____ City or Town No. _____
 City Orange City No. _____ St. _____ Ward _____
 Length of residence in city or town where death occurred 13 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME JOHN L. PETERS
 (a) Residence: No. DANFORD HIGHWAY St. _____ Ward _____
 (If not home in shade) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. Single, married, widowed or divorced (write the word) <u>MARRIED</u>	21. DATE OF DEATH (month, day, and year) <u>6/2 - 1958</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>June 1</u> 19 <u>58</u> to _____ 19____	
6. If married, widowed or divorced HUSBAND of (or WIFE of) <u>LEONA PETERS</u>			23. DATE OF BIRTH (month, day and year) <u>SEPT-1-1898</u>		I last saw him alive on _____ 19____ death is said to have occurred on the date stated above, at _____ m.	
7. AGE Years <u>60</u> Month <u>9</u> Days <u>1</u>	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>LAUNDRY OPERATOR</u>		9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		10. Total time (years) spent in this occupation <u>21</u>	
11. DATE DECEASED last worked at this occupation (month and year) <u>June 1 - 1958</u>	12. BIRTHPLACE (city or town) (State or country) <u>MAKOR, GEORGIA</u>		13. NAME <u>DOSS PETERS</u>		14. BIRTHPLACE (city or town) (State or country) <u>GA</u>	
15. MAIDEN NAMED <u>LOU CRAWFORD</u>	16. BIRTHPLACE (city or town) (State or country) <u>GA</u>		17. INFORMANT <u>Ma Tom Doss</u> (Address) <u>Orange City Fl.</u>		18. HUMAN CONNECTION OR REMOVAL (Check <u>DA</u>) (Date) <u>6/2/58</u>	
19. UNDERTAKER <u>Sam. S. Erickson</u> (Address) <u>Danford Florida</u>	20. FILED <u>June 2nd 1958</u> <u>Belle Garden</u> Local Registrar		24. Was disease or injury in any way related to occupation of deceased? <u>No</u>		If so, specify _____	
			Manner of injury _____		Where did injury occur? _____	
			Specify whether injury occurred in industry, in home, or in public place _____		Nature of injury _____	
			M.D. <u>Dr. Frazier</u>		M.D. _____	
			448 (Address) <u>448</u>		_____	

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

C. Meade Grijj, State Registrar

Date Issued: **AUG 28 2009**

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DH FORM 1946 (08-04)

25939242 **CERTIFICATION OF VITAL RECORD**

* 2 5 9 3 9 2 4 2 *