

State of Illinois
County of Franklin
City of Springfield
or both occur in a hospital or other institution, or both occur in a hospital or other institution, or both occur in a hospital or other institution.

(2) Full Name of Child William Ellison

Sex Boy Race White Age 2 1/2 Date of Birth Jan 25 1923

FATHER: (1) NAME William Ellison (2) RESIDENCE Springfield, Ill.

MOTHER: (1) NAME Jennie Ellison (2) RESIDENCE Springfield, Ill.

(1) SEX Male (2) AGE 2 1/2 (3) RACE White (4) BIRTHDATE Jan 25 1923

(5) OCCUPATION SC (6) OCCUPATION SC

(7) RESIDENCE Tracy Road (8) RESIDENCE Tracy Road

(9) NUMBER OF CHILDREN 1 (10) NUMBER OF CHILDREN 1

(11) I hereby certify that I attended the birth of this child, who was ... on the date above stated.

(12) (Signature) Lottie Ellison (13) (Signature) Lottie Ellison

(14) Date, whether previous or subsequent, of birth of child, if any, of which this child is a twin.

Given name added from a supplementary report

(15) Witness (Signature of witness) Jan 25 1923

(16) When there was an attending physician or midwife, state the name of the physician or midwife.

If a child breathes even once, it must not be buried.