

FORM NO. 2

PLACE OF BIRTH

County of SimpsonvilleTownship of Custer

or

Town of

or

City of

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

(4) Full Name of Child Ellen Leta Bell { If child is not yet named, make supplemental report as directed(1) SEX OR
GENDERGirl(2) Twin
or Triplet?(3) Number in
order of birth(5) Are
Parents
Married?(7) DATE OF
BIRTHApril 2 1916
(Name of Month) (Day) (Year)

FATHER.

(11) FULL
NAMELevin L. Bell(12) PRESENT
POSTOFFICE
OF FATHERSimpsonville(13) COLOR
OR
RACEWhite(14) AGE AT LAST
BIRTHDAY36
(Years)

(15) BIRTHPLACE

S.C.

(16) OCCUPATION

MerchantNumber of children born to
mother, including present birth2

MOTHER.

(17) NAME BEFORE
MARRIAGEWillie Chickasaw(18) PRESENT
POSTOFFICE
OF MOTHERSimpsonville(19) COLOR
OR
RACEWhite(20) AGE AT LAST
BIRTHDAY22
(Years)

(21) BIRTHPLACE

Ga

(22) OCCUPATION

Housekeeping(23) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was alive at 2 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(25) (Signature) L. L. Richardson, M.D.

(26) State whether Physician or Midwife (27) Address of Physician or Midwife

When name added from a supplement-
al report

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Registrar

(28) Witness

(Signature of Witness necessary only
when question 28 is signed by mark)(29) Filed map 5 1916

(30)

L. L. Richardson

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.