

File No.—For State Registrar Only
16855

County of DeKalb
Township of 2nd
or
Inc. Town of _____
or
City of _____

(2) Full Name of Child

FATHER.

MOTHER.

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

(21) Number of children of this mother now living, including present birth

(23) I hereby certify that I attended the birth of this child, who was _____ at _____
on the date above stated. _____ Born alive or stillborn? _____ (Hour A. M. or P. M.) _____

(26) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(28) Witness (Signature of Witness necessary only
when question 28 is signed by mark)

(27) Filed 11/11/19 (28) 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.