

Date of Birth 11/11/1911
 Sex M
 Race White
 Full Name James M. McNeill
 Address 1111 1st St. N. W.
 City Washington, D. C.
 State D. C.
 Hospital St. Elizabeth's

(1) Name of child James M. McNeill
 (2) Sex Male
 (3) Race White
 (4) Date of birth 11/11/1911
 (5) Time of birth 10:30 AM
 (6) Place of birth St. Elizabeth's Hospital
 (7) Name of attending physician or midwife Dr. J. M. McNeill
 (8) Signature of attending physician or midwife [Signature]
 (9) Date of report 11/11/1911
 (10) Number of children of this mother 1
 (11) Name of mother James M. McNeill
 (12) Address of mother 1111 1st St. N. W.
 (13) City Washington, D. C.
 (14) State D. C.

(15) I hereby certify that I attended the birth of this child, who was born on the date above stated.
 (16) (Signature) [Signature]
 (17) Date whether Physician or Midwife Physician
 (18) Address of physician or midwife 1111 1st St. N. W.
 (19) City Washington, D. C.
 (20) State D. C.
 (21) Given name added from a supplemental report
 (22) Witness [Signature]
 (23) Filed [Signature]
 (24) Local Registrar [Signature]

When there was no attending physician or midwife, then the father or mother should make this report. 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.