

PLACE OF BIRTH
County of Richmond
City of Columbia
Town of St. Louis
No. 1810
Date of Birth Jan 23
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Joseph Samuel Carnegie
Sex Boy Age one Order of Birth Two Name of Mother Reber Moore Date of Birth Jan 23

FATHER:
(1) Name Sam Carnegie
(2) Present Address Columbia St. P.
(3) Color White Age at Last Birthday 22
(4) Birthplace Col
(5) Occupation Merchant
(6) Number of children born to mother, including present one Two

MOTHER:
(1) Name before marriage Reber Moore
(2) Present Address Columbia St. P.
(3) Color White Age at Last Birthday 19
(4) Birthplace Col
(5) Occupation Domestic
(6) Number of children of this mother, including present one Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was alive at 9:15 A.M. on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)
(23) (Signature) W. A. Carnegie
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

When name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 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.
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