

(1) PLACE OF BIRTH

County of St. Louis

Township of St. Louis

or  
In Town of St. Louis

or  
City of St. Louis

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

(2) Full Name of Child Margaret Eady

Is child in any way handicapped?

(3) SEX OR  
CHILD girl

(4) Type  
of birth In hospital

(5) Number of  
children born one

(6) Is child  
born no

(7) DATE OF  
BIRTH Sept 18 1903

FATHER.

(8) FULL  
NAME

(9) PRESENT  
POST OFFICE  
OF FATHER

(10) COLOR  
OR  
RACE

(11) AGE AT LAST  
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to  
mother, including present birth

Two

MOTHER.

(14) FULL NAME

Emma Eady

(15) PRESENT  
POST OFFICE  
OF MOTHER

St. Louis

(16) COLOR  
OR  
RACE

(17) AGE AT LAST  
BIRTHDAY

17

(Years)

(18) BIRTHPLACE

St. Louis County

(19) OCCUPATION

Farming

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

Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

Martha Charles

(23) State whether Physician or Midwife

midwife

(24) Address of Physician or Midwife

1001 St. Louis

Given name added from a supplement-  
tal report

(25) Witness

M. Charles

(Signature of witness necessary only  
when question is signed by mother)

(26) Filed

Sept 18 1903

(27)

St. Louis

When there was an attending physician or midwife, then the child must be born alive or stillborn.  
If a child breathes even once, it must not be reported as stillborn.