

## PLACE OF BIRTH

County of Eaton

Township of \_\_\_\_\_

or

Village of Ann Arbor

or

City of \_\_\_\_\_

FULL NAME  
OF CHILDJerry J. CarrSex of  
childMaleTwin,  
triplet,  
or other?

and

Number  
in order  
of birthLegiti-  
mate?Date of  
BirthNov 28, 1931  
(Month) (Day) (Year){ If child is not yet named, make  
supplemental report, as directed.Full  
Name

FATHER

Gaylord B. CarrResidence  
(P. O. Address)Ann ArborColor  
or RacewhiteAge at Last  
Birthday27  
(Years)

Birthplace

MichiganOccupation  
(And Industry)Prop Pool RoomFull  
Maiden  
Name

MOTHER

Lillian M. BurtonResidence  
(P. O. Address)SameColor  
or RacewhiteAge at Last  
Birthday11  
(Years)

Birthplace

MichiganOccupation  
(And Industry)Housewife

Number of child of this mother

2

Number of children, of this mother, now living

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 2:30 P.M.,  
on the date above stated. (Born alive or stillborn)Have eyes of child been treated with  
one per cent solution of silver nitrate  
as required by law? Yes

(Signature)

W. J. LaughlinDated 12-1, 1931

(Attending Physician, midwife, father, etc.\*)

Given or christian name added from a  
supplemental report \_\_\_\_\_, 1931

Address

Ann ArborFiled 12-1, 1931

Registrar.

Was there any serious malformation or defect? \_\_\_\_\_

## STATE OF MICHIGAN

Department of Health—Division of Vital Statistics

## RECORD OF BIRTH

Register No. 65

St., \_\_\_\_\_ Ward)

(If birth occurs in a hospital or other institution, give name of same  
instead of street and number.)N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and  
the number of each in order of birth, stated.WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
MARGIN RESERVED FOR BINDING

Form 220-9-28-28

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