

PLACE OF BIRTH STATE
County of Eaton

Township of Vermontville
or
Village of Vermontville

City of _____ (No. _____ St., _____ Ward)
FULL NAME OF CHILD Mary Lee Carter
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
{ If child is not yet named, make supplemental report, as directed.

Sex of child <u>Female</u>	Twin, triplet, or other? <u>1</u>	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>April</u> , <u>28</u> , <u>1932</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Glenn Carter</u>			Full Maiden Name <u>Lena B. Keith</u>		
Residence (P. O. Address) <u>Vermontville</u>			Residence (P. O. Address) <u>Vermontville</u>		
Color or Race <u>White</u>	Age at Last Birthday <u>37</u> (Years)		Color or Race <u>White</u>	Age at Last Birthday <u>34</u> (Years)	
Birthplace <u>Kalamazoo Michigan</u>			Birthplace <u>Howard City Mich.</u>		
Occupation (And Industry) <u>Farmer</u>			Occupation (And Industry) <u>Housewife</u>		

Number of child of this mother 4 Number of children, of this mother, now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 A.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) E. J. Morris
Dated Apr. 30, 1932 P. H.
(Attending Physician, midwife, father, etc.)

Given or christian name added from a supplemental report _____, 192____

Address Vermontville
Filed May 3, 1932 L. Lloyd J. Hett
Registrar.

Was there any serious malformation or defect? yes Left arm amputated just below elbow

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

MARGIN RESERVED FOR BINDING

Form 220-9-28-28