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

MARGIN RESERVED FOR BINDING

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.

Form 20—9-28-28

PLACE OF BIRTH

Reported to Co. Clerk 3-2-40

County of Eaton

Township of _____

or

Village of Vermontville

or

City of _____

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics

RECORD OF BIRTH

Register No. 2

(No. _____ _____ St., _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FULL NAME OF CHILD Gary Lee Franks

{If child is not yet named, make supplemental report, as directed.

Sex of child	Twin, triplet, or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single		Yes	Feb (Month), 8 (Day), 1940 (Year)

FATHER	MOTHER
Full Name: Claude L. Franks	Full Maiden Name: Mildred Elinor Carey
Residence (P. O. Address): Vermontville. Mich	Residence (P. O. Address): Vermontville Mich.
Color or Race: White	Color or Race: White
Age at Last Birthday: 38 (Years)	Age at Last Birthday: 31 (Years)
Birthplace: Roger City	Birthplace: Sebewa Twp.
Occupation (And Industry): W. P. A. Worker	Occupation (And Industry): Housewife

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 Born alive at 5:45 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) L. D. Mallory M.D.

Dated 2/16, 1940 attending Physician
(Attending Physician, midwife, father, etc.*)

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

Address Vermontville. Mich.

Filed 2/16, 1940 A. L. Barrington
Registrar.

Was there any serious malformation or defect? _____

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