

# CERTIFICATE OF LIVE BIRTH

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

BIRTH No. 121-

Local File No.

1202

1. PLACE OF BIRTH a. COUNTY <p style="text-align: center;">Wayne</p>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <p style="text-align: center;">Michigan</p>		b. COUNTY <p style="text-align: center;">Wayne</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <p style="text-align: center;">Garden City</p>		c. TOWNSHIP, CITY OR VILLAGE (Name of) <p style="text-align: center;">Garden City</p>		d. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) <p style="text-align: center;">Garden City Hospital</p>					
3. CHILD'S NAME (Type or Print)		a. (First) <p style="text-align: center;">Carolyn</p>		b. (Middle) <p style="text-align: center;">Kimberly</p>	
				c. (Last) <p style="text-align: center;">St. John</p>	
4. SEX <p style="text-align: center;">Female</p>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		6. DATE OF BIRTH (Month) (Day) (Year) <p style="text-align: center;">9/26/61</p>	
<b>FATHER OF CHILD</b>					
7. FULL NAME a. (First) <p style="text-align: center;">Clayton</p>		b. (Middle) <p style="text-align: center;">Joseph</p>		c. (Last) <p style="text-align: center;">St. John</p>	
				8. COLOR OR RACE <p style="text-align: center;">White</p>	
9. AGE (At time of this birth) <p style="text-align: center;">46</p> YEARS		10. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Michigan</p>		11a. USUAL OCCUPATION <p style="text-align: center;">Truck Driver</p>	
				11b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Gravel</p>	
<b>MOTHER OF CHILD</b>					
12. FULL MAIDEN NAME a. (First) <p style="text-align: center;">Casmara</p>		b. (Middle) <p style="text-align: center;">Amelia</p>		c. (Last) <p style="text-align: center;">Skorupski</p>	
				13. COLOR OR RACE <p style="text-align: center;">White</p>	
14. AGE (At time of this birth) <p style="text-align: center;">37</p> YEARS		15. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Michigan</p>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? <p style="text-align: center;">4</p>	
				b. How many OTHER children were born alive but are now dead? <p style="text-align: center;">0</p>	
				c. How many children were stillborn (born dead after 20 weeks pregnancy)? <p style="text-align: center;">0</p>	
17. INFORMANT'S NAME <p style="text-align: center;">Casmara Amelia St. John</p>					
I hereby certify that I attended the birth of this child who was born alive on the date stated above.		18a. SIGNATURE <p style="text-align: center;">Howard Rohleder</p>		18b. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> D.O. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
		18c. ADDRESS <p style="text-align: center;">5755 Inkster Road, Garden City</p>		18d. DATE SIGNED <p style="text-align: center;">9/26/61</p>	
19. DATE RECEIVED BY LOCAL REGISTRAR <p style="text-align: center;">10/2/61</p>			20. REGISTRAR'S SIGNATURE <p style="text-align: center;">Edwin J. Freeh, Jr., as</p>		
<b>FOR MEDICAL AND HEALTH USE ONLY</b> (This section MUST be filled out)					
21a. LENGTH OF PREGNANCY Weeks		21b. WEIGHT AT BIRTH Lbs. Ozs.		22. LEGITIMATE Yes <input type="checkbox"/> No <input type="checkbox"/>	
				23. HAVE EYES OF CHILD BEEN TREATED WITH ONE PERCENT SOLUTION OF SILVER NITRATE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
24a. WAS MOTHER'S BLOOD TESTED FOR SYPHILIS DURING THIS PREGNANCY? Yes <input type="checkbox"/> No <input type="checkbox"/>			24b. DATE OF TEST		24c. IF BLOOD NOT TESTED, STATE REASON
25a. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			25b. STATE ANY OPERATION FOR DELIVERY		
25c. DESCRIBE ANY BIRTH INJURY			25d. DESCRIBE ANY CONGENITAL MALFORMATIONS		

I HEREBY CERTIFY THAT THIS IS A TRUE AND EXACT COPY OF A RECORD ON FILE IN THE OFFICES OF THE CITY CLERK, GARDEN CITY, MICHIGAN AS ATTESTED TO BY THE SEAL OF THE CITY OF GARDEN CITY EMBOSSED HEREON.

*Matthew K. Miller*

MATTHEW K. MILLER, CITY CLERK

April 29, 2022  
DATE

SP03416223

MARGIN RESERVED FOR BINDING

TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each in order of birth stated.