United States Patent [19]

Koah

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[54] **INFANT CARRIER WITH TISSUE RETAINER**

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[52] **U.S. Cl.**..... **297/192,** 297/377, 297/DIG. 2

[51] **Int. Cl.**..... **A47c 7/62**

[58] **Field of Search**..... 248/DIG. 5; 297/192, 297/188, 391, DIG. 2, 377; 5/92, 317 R

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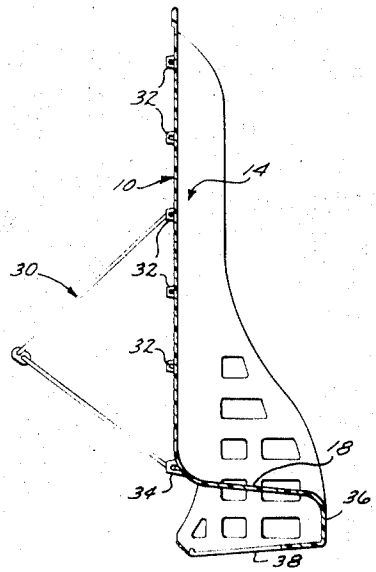
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[57] **ABSTRACT**

An infant carrier seat including an integral tissue box and used tissue holding receptacle positioned for ready access while the seat is being occupied.

3 Claims, 6 Drawing Figures



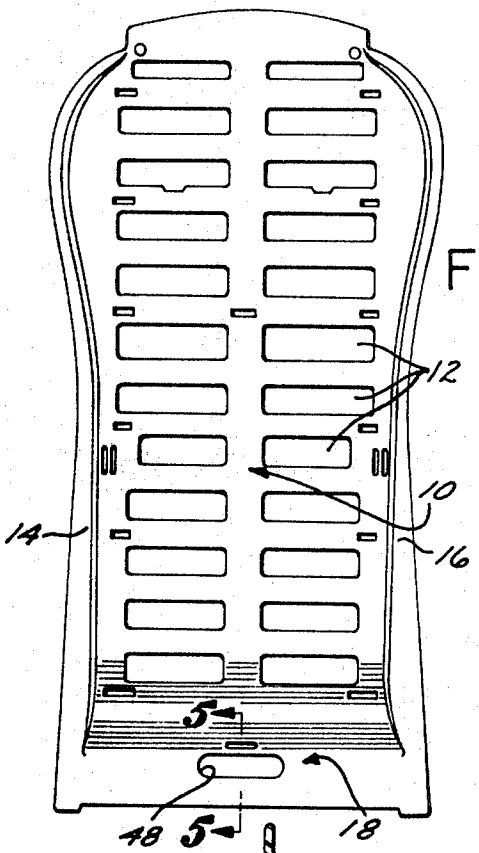


FIG. 1

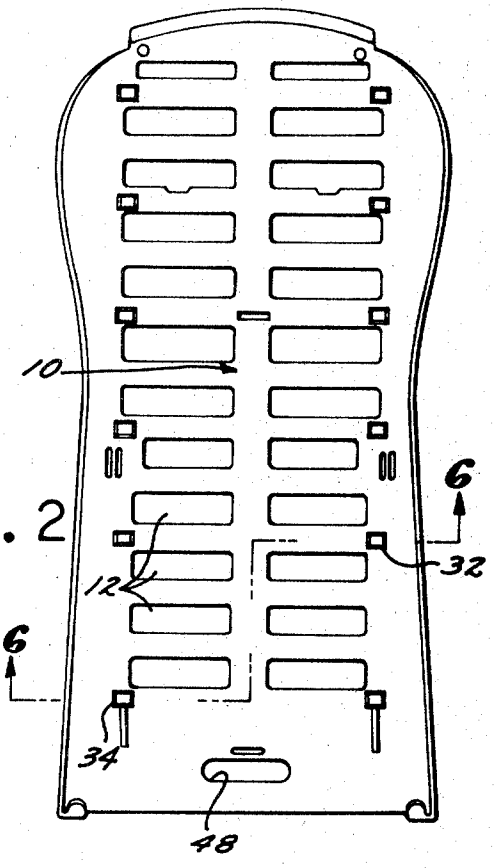


FIG. 2

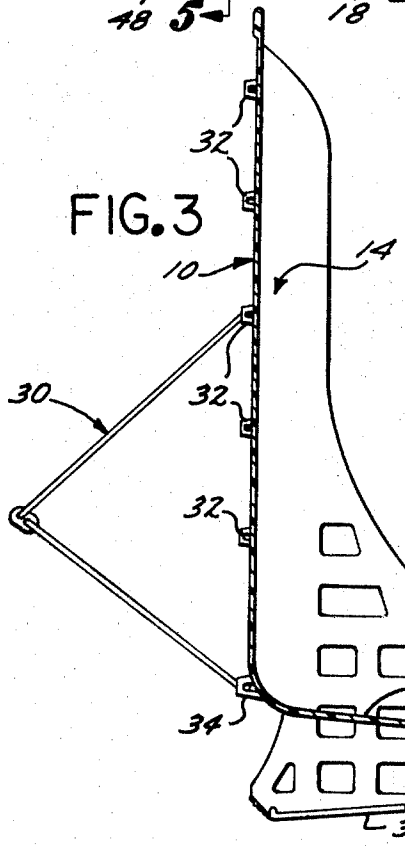


FIG. 3

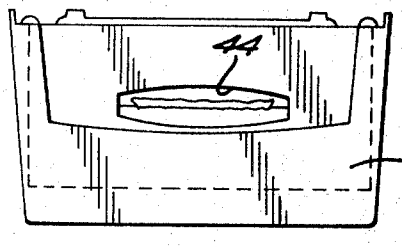


FIG. 4

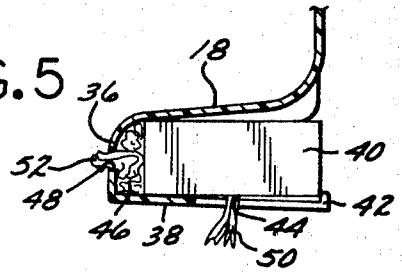


FIG. 5

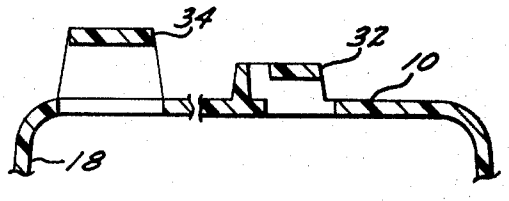


FIG. 6

INFANT CARRIER WITH TISSUE RETAINER

BACKGROUND OF THE INVENTION

While carrying infants there is often a need to wipe the child. Ordinarily, this is accomplished most handily with disposable tissue. However, since carrying an infant in the conventional seats generally requires the use of both hands, or temporary support in one hand for limited periods of time, getting a tissue from an ordinary container requires placing the child down and reaching into a separate receptacle for tissues when they are needed. This is an inconvenient and time-consuming operation. Also, when the tissue is used, there often is no handy waste container available. Hence, there is the tendency to cause litter by throwing the tissue away.

Accordingly, it is the primary purpose of this invention to provide an infant seat which has a handy means for carrying tissue and disposing of used tissue as an integral part of the seat.

A further object of this invention is to so position the tissue retainer and disposer that they can be conveniently reached for use while an infant is being held in the seat.

Other objects and advantages will become apparent from the following description.

DESCRIPTION OF THE DRAWINGS

FIG. 1 is a top plan view of an infant carrier incorporating the subject tissue retainer and disposal receptacle.

FIG. 2 is a bottom elevational view of the infant carrier as shown in FIG. 1.

FIG. 3 is a side view longitudinally sectioned through an infant carrier as in FIGS. 1 and 2.

FIG. 4 is a bottom elevational view of the seat portion of the infant carrier showing the tissue outlet opening.

FIG. 5 is a cross-sectional view taken through 5—5 in FIG. 1 showing the tissue receptacle portion underneath the seat with a tissue box held therein and a tissue disposal area formed within the apparatus.

FIG. 6 is partially sectioned, fragmented view of the wire frame receiving blocks taken through 6—6 in FIG. 2.

DESCRIPTION OF THE INVENTION

The form of this invention shown in the drawings is an infant carrier which includes a seat back **10**, the interior of which is shown in FIG. **1**. The back **10** exterior is shown in FIG. **2**. Conventionally, the seat back is formed with a plurality of openings **12** and is shaped to generally conform to an infant's back side. It is formed, preferably, from a plastic material and includes slightly raised curved side rails **14** and **16** extending the full length of the seat back **10** on each longitudinal edge.

The carrier is formed with a seat bottom **18**, generally nearly in a plane perpendicular to the seat back **10**, and extending outwardly therefrom at the bottom edge of the seat back **10** and side rails **14** and **16**, with which it is joined. In order to hold the seat upright, there is a conventional wire frame **30** (which takes the shape of a pair of parallel triangles) comprised of a rigid upper pair of wires hingedly mounted to a rigid lower pair of wires. The ends of the wires turn outwardly to form short engaging joints which fit into selected mating holes formed in spaced short raised blocks **32** on the exterior edges of seat back **10**. A specially formed pair of blocks **34** with holes formed therein to receive the outer ends of the lower wires are formed on the bottom of the exterior seat back **10** adjacent to the seat bottom **18**. Then the upper wire ends can be inserted where desired into a pair of the holes in block **23** selected to give the desired angle of support by the frame **30** for the seat when it is resting on a generally level surface. The wire frame **30** is held in place by the outwardly resiliency of the wires when their outer ends are snapped in to the holes.

The seat bottom **18** curves at its forward edge to form a short front wall **36** which is nearly normal to the seat bottom **18**. Then this front wall **36** portion turns at a nearly perpendicular angle back away from the wall beneath the seat bottom **18** to form a retaining floor **38** which approximately terminates below the juncture of the seat back **10**. Hence, a retaining space is provided underneath seat bottom **18** above floor **38**.

To make this retaining space function in accordance with this invention, the distance between seat bottom **18** and retaining floor **18** is selected so that it is approximately the same as the thickness of a conventional tissue box **40**. Moreover, ordinarily the seat bottom **18** and floor **38** angle slightly outwardly from their common juncture at wall **36**. Thus, since the infant carrier is normally made of a material with some resiliency, such as plastic, a tissue box **40**, with its tissue outlet adjacent to floor **38**, can be slipped into the open end of the space between seat bottom **18** and floor **38** until its forward end is firmly lodged between them by resilient spring-loaded pressure. To secure the tissue box **40** in position, a raised tab **42** extending along the back edge of floor **38** is so positioned that it abuts the rear bottom portion of tissue box **40**. A tissue outlet **44** is provided in the floor **38** which is so positioned that it is aligned with the tissue outlet of the tissue box **40** when it is secured in position as previously described.

As a further unique feature of this invention the wedged in-use position of the tissue box **40** between seat bottom **18** and floor **38** is spaced somewhat from the wall **36**. This space formed between the forward end of the tissue box **40** and inside surrounding surfaces of the seat bottom **18**, wall **36** and floor **38** can be utilized as a handy used tissue disposal **46** by providing a tissue inlet **48** through wall **36**. The disposal **46** is sufficiently enclosed to form a receptacle for holding used tissues.

Thus, with this invention a person can hold an infant in the carrier, and then when a tissue is needed quickly, without fumbling, reach into the outlet **44** in the bottom of the carrier, pull a tissue **50**, use the tissue and dispose of the used tissue **52** by pusing it through inlet **48** into the used tissue disposal **46**.

Though a particular embodiment of this invention has been described herein, this is meant to be for illustrative purposes only, as the invention may be modified in its specific forms. Hence, the tissue box size, placement disposal arrangement may vary, but such changes are intended to be covered by my inventive concept as defined by the spirit of the following claims.

I claim:

1. An infant carrier including a seat back joined with a flat seat bottom substantially perpendicular thereto wherein the lower surface of said seat bottom serves as the ceiling of an integral tissue container retaining means formed with a front wall extending downwardly from the front edge of said seat bottom, a flat retaining

floor extending back from the bottom of said front wall, said retaining floor substantially parallel with but angled slightly away from said seat bottom and spaced at a distance substantially equal to the thickness of a tissue container to be retained therein, said retaining floor positioned so that an open end is formed opposite from said front wall, said open end being large enough to permit sliding of a tissue container into said retaining means, wherein sufficient resiliency is provided by the engagement of said retaining floor with a tissue container to hold it firmly in a predetermined position when said retaining floor is sprung down enough to permit it to slide into said retaining means, said tissue container having a tissue outlet which is adjacent to said retaining floor when slid into position within said retaining means and said retaining floor being formed with a tissue outlet opening therethrough which is aligned with the tissue outlet of a tissue container when it is slid into position.

2. An infant carrier as defined in claim **1** in combination with a tissue box held in position within said retaining means wherein the forward side of said tissue box is spaced sufficiently from the inside of said front wall, that it forms a continuous back wall of a receptacle space fromed therein, said front wall formed with a receptacle inlet opening therethrough sufficiently large enough to receive used tissues and a pair of spaced side walls extending back from each side of said front wall adjacent to the opposing edges of the forward wall of said tissue box so as to connect said seat bottom and retaining floor thereby enclosing said receptacle space except for said inlet opening.

3. An infant carrier as defined in claim **1** wherein said retaining floor terminates at a rear edge approximately directly below the juncture of said seat back and bottom, said retaining floor formed with an upwardly protruding stop means adjacent said rear edge positioned to abut and hold a tissue container in place, the height of said stop means being raised sufficiently to block slippage of a tissue container positioned therein but low enough to allow entry of a tissue box in said retaining means when said retaining floor is sprung downwardly.

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