

File No.—For State Registrar Only  
64066

## (1) PLACE OF BIRTH

County of Dillon.....

Township of Albion

Inc. or Town of Kemper

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

Registration District No. ....

Registered No. 126  
(For use of Local Registrar)

(2) Full Name of Child. Lawrence T. Ford Jr

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

(3) BOY R  
GIRL Day

(4) Twin or Triplet?

(5) Number in order of birth

(6) ~~ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED~~

(7) DATE OF BIRTH June 29, 1941

# FATHER

(8) FULL NAME Laurence J. Ford

(2) PRESENT POSTOFFICE *Keokuk*

(10) COLOR OR *Red* (11) AGE AT LAST BIRTHDAY *2*

(12) BIRTHPLACE

(13) OCCUPATION

④ Plawkan

(20) Number of children born to mother, including present birth { ..... *04*

(14) NAME BEFORE MARRIAGE

(15) **PRESENT  
POSTOFFICE**

(16) COLOR OR

(18) BIRTHPLACE

(19) OCCUPATION

Con


(21) Number of children  
now living, including

# WINTER

Robert Petrus

Robert R.

(17) AGE AT LAST BIRTHDAY 22



Shirley

2 hours

... of this mother  
... present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or still-born) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) [Signature]

(24) State whether a system of \_\_\_\_\_ Fast Track System

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by me) *[Signature]*

6/31 1916 (35) *S. H. Bailey*

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.