

Form No. 1

(1) PLACE OF BIRTH

County of *Franklin*

Township of *Franklin*

or

Inc. Town of *Franklin*

or

City of *Franklin*

(If birth occurred in a hospital or other institution give name of same)

CERTIFICATE OF BIRTH

State of *Indiana*

County of *Franklin*

Township of *Franklin*

City of *Franklin*

FILED IN — RECORDS OF BIRTH  
1915

(2) Full Name of Child *John Franklin Ford*

(3) BOY OR GIRL? *Boy*

(4) Sex of Child *Male*

(5) Date of Birth *August 1, 1915*

(6) Age of Child *1 year*

(7) Name of Mother *John Ford*

(8) FULL NAME *John Franklin Ford*

(9) PRESENT POSTOFFICE OF FATHER *Franklin, Ind.*

(10) COLOR OR RACE *White*

(11) AGE AT LAST BIRTHDAY *1 year*

(12) BIRTHPLACE *Franklin, Ind.*

(13) OCCUPATION *Farmer*

(14) Number of children born to mother, including present child *1*

(15) Number of children of this mother who have reached 1 year of age *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated, *August 1, 1915*

(23) (Signature) *John Ford*

(24) Name of Child *John Franklin Ford*

Given name stated upon a subsequent report

(25) Witness *John Ford*

(26) Signature of Physician or Midwife *John Ford*

(27) Name of Physician or Midwife *John Ford*

\*When there was no attending physician or midwife, then the father, mother, or other person who attended the birth of the child, should sign this certificate, and the name of the child should be stated on the certificate.

SEARCHED INDEXED NOTED  
SERIAL PLAINLY, WITH UNFOLDING LINES—THIS IS A PERMANENT RECORD.  
M. 11.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
McChaw, of Columbia