

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro

Township of .....

or

Inc. Town of .....

City of Barnstable

If birth occurs in a hospital or other institution, give name of name instead of street and number

(2) Full Name of Child

1. BOY OR GIRL Boy

2. Twin or Triplet?

3. Number in order of birth

4. Are Parents Married? Yes

5. DATE OF BIRTH

Feb 11 1933

To be answered only in event of Twin or Triplet

FATHER.

6. FULL NAME Walter Ford

7. PRESENT POSTOFFICE OF FATHER Pharm, St.

8. COLOR OR RACE W

9. AGE AT LAST BIRTHDAY 33

10. BIRTHPLACE Marlboro, Mass

11. OCCUPATION Farming

12. Number of children born to mother, including present birth 1

13. NAME BEFORE MARRIAGE Laura Mae Henry

14. PRESENT POSTOFFICE OF MOTHER Pharm, St.

15. COLOR OR RACE W

16. AGE AT LAST BIRTHDAY 33

17. BIRTHPLACE Barnstable, Mass

18. OCCUPATION Farming

19. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was white at 11 A. M., on the date above stated.

(21) (Signature) Nancy Conklin

(22) State whether Physician or Midwife Midwife

(23) Address of Physician or Midwife Barnstable, Mass

(24) (Signature of Witness necessary only when question 23 is signed by mark)

(25) Witness Mr. J. H. Pate

(26) Local Registrar

If a child is born before the father, householder, etc., should make this return, the report is deemed of stillbirths.

Report is required of stillbirths.