<form name ="form1">

<div class="row">

<div class="firstColumn">

<label>Birth Location:</label>

</div>

<div class="secondColumn">

<input name="location" type="text" placeholder="Example: Seattle">

</div>

<div class="firstColumn">

<label>Birth Date: </label>

</div>

<div class="secondColumn">

<input type="date" name="bday" placeholder="select Birth date">

</div>

<div class="firstColumn"></div>

<div class="secondColumn">

<button type="submit" id="button1" class="button">submit</button>

</div>

</div>

</form>