

Schedule B.  
N.B.—Record all still-births as births,  
as well as deaths.

BIRTHS

County of Essex Division of Sandwich South

	Surname first.	Surname first.	Surname first.
1* What is the full name of child?	Sullivan Earlan Jerome.	1 Roberson Mare Lu Violet.	1 Beahan Francis
2 When was the child born? Where was the child born? Street number or Concession and Lot.	Sept 19th 1908	2 Dec 20th 1908	2 Feb 7th 1909.
3 If in a hospital give its name.		3 If in a hospital give its name.	3 If in a hospital give its name.
4 Male or Female.	Female	4 Female.	4 Male
5 Are the parents married?	Yes	5 Yes.	5 Yes.
6 Full name of Father.	6 Timothy Sullivan	6 Thomas Robertson	6 Denis Beahan
7 Occupation of Father?	7 Farmer.	7 Farmer.	7 Farmer.
8 Full Maiden Name of Mother.	8 Mary McCarthy	8 Mahona Codriss	8 Ollie Kantais
9 If she has been more than once married give names of former husband, or husbands.		9	9
10 Where were the parents married?	10 Maidstone Cross.	10 Windsor	10 Walperville
11 When were they married?		11 16 yrs (Possibly 1892)	11 July 17, 1888
12 If not married give full Name of Mother.		12	12
13 Is she single, or a Widow? If a widow state name, occupation, and date of husband's death.	13 016463	13 016464	13 016465
14 What is her occupation?	14 Earlan Jerome Sullivan	14 Mare Robertson (Robinson)	14 Francis Beahan
15 Name of Physician attending.	15 Dr J. G. Brien	15 Dr A. Lemire.	15 No Doctor
16 Your relation to child.	16 Father.	16 Aunt.	16 Father
17 Were you in house at time of Birth?	17	17 No.	17 Yes
18 Certified by	18 Timothy Sullivan	18 Mrs John Hodges.	18 Denis Beahan
Address	Maidstone Ont.		Harplay.
Date	Jan. 1st 1909.	Jan 10/1909.	Feb 2/09.
Remarks		(This is given as Male but is wrong according to name. I do not know why one of this name in this sp. I think the name should be Robinson; Julia has moved to Windsor.)	
	Surname first.	Surname first.	Surname first.
1* What is the full name of child?	O'Neil Carl Alexander	1 Russette Louis Vincent	1 Fairbairn Helen Gertrude
2 When was the child born? Where was the child born? Street number or Concession and Lot.	Feb 8/1909	2 Sept 17th 1908	2 Feb 13th 1909.
3 If in a hospital give its name.		3 If in a hospital give its name.	3 If in a hospital give its name.
4 Male or Female.	4 Male	4 Male.	4 Female
5 Are the parents married?	5 Yes	5 Sept. 17th 1908 Yes.	5 Yes.
6 Full name of Father.	6 George O'Neil	6 Alex. Russette	6 George Fairbairn
7 Occupation of Father?	7 Farmer	7 Farmer.	7 Farmer.
8 Full Maiden Name of Mother?	8 Ada Grace Webb.	8 Mary Moynahan.	8 Elizabeth Amelia Frost.
9 If she has been more than once married give names of former husband, or husbands.	9 016466	9 016467	9 016468
10 Where were the parents married?	10 Sandwich Ont.	10 Maidstone Cross	10 Sandwich South
11 When were they married?	11 Feb 19th 1902.	11 Jan. 24, 1893	11 Nov. 25th 1903
12 If not married give full Name of Mother.		12	12
13 Is she single, or a Widow? If a widow state name, occupation, and date of husband's death.	13 Carl O'Neil	13 Louis Russette	13 Helen Fairbairn
14 What is her occupation?			
15 Name of Physician attending.	15 J. Herbert Brien	15 J. Wesley Brien	15 Dr Doyle
16 Your relation to child.	16 Father	16 Father	16 Father
17 Were you in house at time of Birth?	17 Yes.	17 Yes	17 Yes
18 Certified by	18 George O'Neil	18 Alex Russette	18 George Fairbairn
Address	Oldcastle	Maidstone.	Harplay P.O
Date	Feb 20/09	Feb 25th 1909.	Mar 1/09.
Remarks		10.7.08	

I hereby certify the foregoing to be the true and correct entries of all Births returned to me for the quarter year ending Mar. 31st 1909  
Given under my hand this 31st day of March A.D. 1909  
John Moynahan Division Registrar of Sandwich South

\*N.B.—The reference numbers relate to those found in Form 2 or 3, as an aid to transcribing.

Schedule B.

N. B.—Record all still-births as births, as well as deaths.

BIRTHS

County of *Essex*

Division of *Sandwich South*

	Surname first.	Surname first.	Surname first.
What is the full name of child?	1* <i>Kavanagh Clarence Arthur</i>	1 <i>Ure Arthur Percival</i>	1 <i>Greaves Martha Arretta</i>
When was the child born?	2 <i>March 11th 1909</i>	2 <i>Feb. 16th 1909.</i>	2 <i>Mar 11th 1909</i>
Where was the child born? Street number or Concession and Lot.	3 If in a hospital give its name.	3 If in a hospital give its name.	3 If in a hospital give its name.
Male or Female.	4 <i>Male.</i>	4 <i>Male.</i>	4 <i>Male.</i>
Are the parents married?	5 <i>Yes</i>	5 <i>Yes.</i>	5 <i>Yes.</i>
Full name of Father.	6 <i>Arthur Charles Kavanagh</i>	6 <i>Charles Ure</i>	6 <i>George Sidney Greaves</i>
Occupation of Father?	7 <i>Farmer</i>	7 <i>Farmer</i>	7 <i>Farmer</i>
Full Maiden Name of Mother	8 <i>Margaret Edwige Fields</i>	8 <i>Edith Ure</i>	8 <i>Martha Ann Harough</i>
If she has been more than once married give names of former husband, or husbands.	9	9	9
Where were the parents married?	10 <i>Mundoe, Ont</i>	10	10 <i>Sandwich South</i>
When were they married?	11 <i>June 2, 1907</i>	11	11 <i>Dec 4, 1896</i>
If not married give full Name of Mother.	12	12	12
Is she single, or a Widow? If a widow state name, occupation, and date of husband's death.	13 <i>016469</i>	13 <i>016470</i>	13 <i>016471</i>
What is her occupation?	14	14	14
Name of Physician attending.	15 <i>H. C. Doyle</i>	15 <i>H. C. Doyle</i>	15 <i>J. H. Brien</i>
Your relation to child.	16 <i>Father</i>	16 <i>Mother.</i>	16 <i>Father</i>
Were you in house at time of Birth?	17 <i>Yes.</i>	17	17 <i>Yes.</i>
Certified by	18 <i>Arthur C. Kavanagh</i>	18 <i>Edith F. Ure</i>	18 <i>George S. Greaves.</i>
Address	<i>Adcock St. P.O.</i>	<i>Oldcastle.</i>	<i>Essex</i>
Date	<i>Mar 30th 1909.</i>	<i>Mar. 30th 1909</i>	<i>Mar 31/1909.</i>
Remarks	<i>Clarence Kavanagh</i>	<i>Arthur Ure</i>	<i>Martha Greaves</i>

	Surname first.	Surname first.	Surname first.
What is the full name of child?	1* <i>Collins Russel Benedict</i>	1	1
When was the child born?	2 <i>March 22nd 1909</i>	2	2
Where was the child born? Street number or Concession and Lot.	3 If in a hospital give its name.	3 If in a hospital give its name.	3 If in a hospital give its name.
Male or Female.	4 <i>Male.</i>	4	4
Are the parents married?	5 <i>Yes</i>	5	5
Full name of Father.	6 <i>Jeremiah Collins</i>	6	6
Occupation of Father?	7 <i>Farmer.</i>	7	7
Full Maiden Name of Mother.	8 <i>Catherine Kirby.</i>	8	8
If she has been more than once married give names of former husband, or husbands.	9	9	9
Where were the parents married?	10 <i>Maidstone Cross</i>	10	10
When were they married?	11 <i>June 6th 1905</i>	11	11
If not married give full Name of Mother.	12	12	12
Is she single, or a Widow? If a widow state name, occupation, and date of husband's death.	13 <i>016472</i>	13	13
What is her occupation?	14	14	14
Name of Physician attending.	15 <i>J. H. Brien</i>	15	15
Your relation to child?	16 <i>Father</i>	16	16
Were you in house at time of Birth?	17 <i>Yes</i>	17	17
Certified by	18 <i>Jeremiah Collins</i>	18	18
Address	<i>Maidstone</i>		
Date	<i>Mar. 31, 1909</i>		
Remarks.	<i>Russell Collins</i>		

I hereby certify the foregoing to be the true and correct entries of all Births returned to me for the quarter year ending *March 31st* 190*9*  
 Given under my hand this *31st* day of *March* A.D. 190*9*  
*John Moynahan* Division Registrar of *Sandwich South*

\*N. B.—The reference numbers relate to those found in Form 2 or 3, as an aid to transcribing.

BIRTHS

Schedule B. N. B. - Record all still-births as births, as well as deaths.

County of Essex Division of Sandwich South

	Surname first	Surname first	Surname first
1 What is the full name of child?	Laforet Joseph Jerry Lloyd	O'Neil Agnes Florence	Shuell Harry
2 When was the child born?	Apr 8, 1909	Apr 26, 1909	May 12th 1909
3 Where was the child born? Street number or Concession and Lot.	If in a hospital give its name. Sit 13 Con 8	If in a hospital give its name. Sit 302 S.Y.R.	If in a hospital give its name. Sit 1 Con 8
4 Male or Female.	Male	Female	Male
5 Are the parents married?	Yes	Yes	Yes
6 Full name of Father.	Mose Laforet	Frank O'Neil	Robert Shuell
7 Occupation of Father?	Farmer	Farmer	Farmer
8 Full Maiden Name of Mother.	Celma Laford	Bertha Edith Church	Sarah Jones
9 If she has been more than once married give names of former husband, or husbands.			
10 Where were the parents married?	Yecumseh	Sandwich South	Colchester North
11 When were they married?	Aug 7th 1889	Feb. 6, 1895	Dec 3, 1888
12 If not married give full Name of Mother.			
13 Is she single, or a Widow? If a widow state name, occupation, and date of husband's death.	016473	016474	016475
14 What is her occupation?			
15 Name of Physician attending.	James Gow	James Samson	J. W. Brien
16 Your relation to child.	Father	Father	Father
17 Were you in house at time of Birth?	Yes	Yes	Yes
18 Certified by	Mose Laforet	Frank O'Neil	Robert Shuell
Address	Oldcastle	Oldcastle	Bequette Station
Date	May 10/09	May 27/09	May 14/09
Remarks	Joseph Jerry Laforet	Agnes O'Neil	Harry Shuel

	Surname first	Surname first	Surname first
1 What is the full name of child?	Totten Theodore William	Marontate Mary Harriet	Lavin Glenn Joseph
2 When was the child born?	March 16/1909	May 17/1909	May 18th 1909
3 Where was the child born? Street number or Concession and Lot.	If in a hospital give its name. Sit 295 S.Y.R.	If in a hospital give its name. Sit 298 S.Y.R.	If in a hospital give its name. Sit 18 Con 11
4 Male or Female.	Male	Female	Male
5 Are the parents married?	Yes	Yes	Yes
6 Full name of Father.	William Totten	Maurice Marontate	Joseph Lavin
7 Occupation of Father?	Farmer	Farmer	Farmer
8 Full Maiden Name of Mother.	Susan Burk	Rose Ella Enderby	Katherine Shanahan
9 If she has been more than once married give names of former husband, or husbands.			
10 Where were the parents married?	016476	016477	016478
11 When were they married?		Amherstburg 1901	Maidstone Cross May 1, 1898
12 If not married give full Name of Mother.			
13 Is she single, or a Widow? If a widow state name, occupation, and date of husband's death.	Theodore Totten	Mary Harriet Marontate	Glenn Lavin
14 What is her occupation?			
15 Name of Physician attending.	Dr. Doyle	Dr. Keane	James Gow
16 Your relation to child.	Father	Father	Father
17 Were you in house at time of Birth?		No	Yes
18 Certified by	William Totten	Maurice Marontate	Joseph Lavin
Address	Maidstone	Maidstone	Hairplay P.O.
Date	June 3/09	June 11th 1909	June 15th 1909
Remarks			

I hereby certify the foregoing to be the true and correct entries of all Births returned to me for the quarter year ending June 30, 1909 Given under my hand this 1st day of July A.D. 1909 John Shanahan Division Registrar of Sandwich South

\*N.B. - The reference numbers relate to those found in Form 2 or 3, as an aid to transcribing.

BIRTHS

County of Essex

Division of Sandwich South

What is the full name of child? 1\* *Washbrooke Harvey Gerald*

When was the child born? 2 *Jan 10/1909*

Where was the child born? 3 *Lot 304 S.Y.R.*

Street number or Concession and Lot.

If in a hospital give its name.

Male or Female. 4 *Male*

Are the parents married? 5 *Yes*

Full name of Father. 6 *William Washbrooke*

Occupation of Father? 7 *section man S. Y. R.*

Full Maiden Name of Mother. 8 *Mary Elizabeth Moore*

If she has been more than once married give names of former husband, or husbands. 9

Where were the parents married? 10 *016479*

When were they married? 11

If not married give full Name of Mother. 12

Is she single, or a Widow? 13

If a widow state name, occupation, and date of husband's death.

What is her occupation? 14

Name of Physician attending. 15 *James Melbert Brien*

Your relation to child. 16

Were you in house at time of Birth? 17

Certified by 18 *William J. Keefe*

Address *Maidstone*

Date *Feb 10/1909*

Remarks *This blank was made up by assessor & not properly filled in when returned to father & not as returned.*

Harvey Washbrooke

What is the full name of child? 1 *Hartley Agnes Caroline*

When was the child born? 2 *Jan 5, 1909*

Where was the child born? 3 *Lot 2 - Con 9*

Street number or Concession and Lot.

If in a hospital give its name.

Male or Female. 4 *Female*

Are the parents married? 5 *Yes*

Full name of Father. 6 *Richard Hartley*

Occupation of Father? 7 *Farmer*

Full Maiden Name of Mother. 8 *Charlotte Brackell*

If she has been more than once married give names of former husband, or husbands. 9

Where were the parents married? 10 *016480*

When were they married? 11 *Sandwich*

If not married give full Name of Mother. 12 *Apr 17th 1899*

Is she single, or a Widow? 13

If a widow state name, occupation, and date of husband's death.

What is her occupation? 14

Name of Physician attending. 15 *Dr Doyle*

Your relation to child. 16 *Father*

Were you in house at time of Birth? 17

Certified by 18 *Richard Hartley*

Address *Jaquette Station*

Date *Feb 15/09*

Remarks

Agnes Hartley

What is the full name of child? 1 *O'Neil James Douglas*

When was the child born? 2 *Mar 21st 1909*

Where was the child born? 3 *Lot 6 Con 7*

Street number or Concession and Lot.

If in a hospital give its name.

Male or Female. 4 *Male*

Are the parents married? 5 *Yes*

Full name of Father. 6 *Harry O'Neil*

Occupation of Father? 7 *Farmer*

Full Maiden Name of Mother. 8 *Eunice Emily Wre*

If she has been more than once married give names of former husband, or husbands. 9

Where were the parents married? 10 *016481*

When were they married? 11 *Sandwich South*

If not married give full Name of Mother. 12 *June 10th 1908*

Is she single, or a Widow? 13

If a widow state name, occupation, and date of husband's death.

What is her occupation? 14

Name of Physician attending. 15 *J. Melbert Brien*

Your relation to child. 16 *Father*

Were you in house at time of Birth? 17 *Yes*

Certified by 18 *Harry O'Neil*

Address *Oldcastle*

Date *Apr 10th 1909*

Remarks

James Douglas O'Neil

What is the full name of child? 1\* *Joseph Maitre*

When was the child born? 2 *Apr. 12, 1909*

Where was the child born? 3 *Lot 18 - Con 11*

Street number or Concession and Lot.

If in a hospital give its name.

Male or Female. 4 *Male*

Are the parents married? 5 *Yes*

Full name of Father. 6 *John Maitre*

Occupation of Father? 7 *Farmer*

Full Maiden Name of Mother. 8 *Delphine Couin*

If she has been more than once married give names of former husband, or husbands. 9

Where were the parents married? 10 *016482*

When were they married? 11 *Ycumseh*

If not married give full Name of Mother. 12 *Nov. 22nd 1892.*

Is she single, or a Widow? 13

If a widow state name, occupation, and date of husband's death.

What is her occupation? 14

Name of Physician attending. 15 *Dr Lemire*

Your relation to child. 16 *Father*

Were you in house at time of Birth? 17 *Yes*

Certified by 18 *John Maitre*

Address *Ycumseh*

Date *Apr 30/09*

Remarks *Still born*

Joseph Maitre

What is the full name of child? 1 *Talbot Mary*

When was the child born? 2 *Feb 7/1909*

Where was the child born? 3 *Lot 302 S.Y.R.*

Street number or Concession and Lot.

If in a hospital give its name.

Male or Female. 4 *Female*

Are the parents married? 5 *Yes*

Full name of Father. 6 *Charles Talbot*

Occupation of Father? 7 *section foreman*

Full Maiden Name of Mother. 8 *Emma Grandin*

If she has been more than once married give names of former husband, or husbands. 9

Where were the parents married? 10 *016483*

When were they married? 11 *McGregor*

If not married give full Name of Mother. 12 *April 16th 1894*

Is she single, or a Widow? 13

If a widow state name, occupation, and date of husband's death.

What is her occupation? 14

Name of Physician attending. 15 *Dr Gerard*

Your relation to child. 16 *Father*

Were you in house at time of Birth? 17 *No*

Certified by 18 *Charles Talbot*

Address *Oldcastle*

Date *Apr 30/09*

Remarks

Mary Talbot

What is the full name of child? 1 *Walsh Joseph Edward Walsh*

When was the child born? 2 *Mar 25, 1909*

Where was the child born? 3 *Lot 275 S.Y.R.*

Street number or Concession and Lot.

If in a hospital give its name.

Male or Female. 4 *Male*

Are the parents married? 5 *Yes*

Full name of Father. 6 *John James Walsh*

Occupation of Father? 7 *section foreman*

Full Maiden Name of Mother. 8 *Maggie McCann*

If she has been more than once married give names of former husband, or husbands. 9

Where were the parents married? 10 *016481*

When were they married? 11 *Maidstone Cross*

If not married give full Name of Mother. 12 *Feb. 24th 1899*

Is she single, or a Widow? 13

If a widow state name, occupation, and date of husband's death.

What is her occupation? 14

Name of Physician attending. 15 *Dr Gerard*

Your relation to child. 16 *Father*

Were you in house at time of Birth? 17 *Yes*

Certified by 18 *John James Walsh*

Address *Maidstone*

Date *Apr 30/09*

Remarks

Joseph Edward Walsh

I hereby certify the foregoing to be the true and correct entries of all Births returned to me for the quarter year ending June 30,

Given under my hand this 1st day of July

A.D. 1909

Division Registrar of Sandwich South

BIRTHS

Schedule B. N. B. - Record all still-births as births, as well as deaths.

County of Essex Division of Sandwich South

	Surname first	Surname first	Surname first
1 What is the full name of child?	1* <u>McFarland Mary Loretta</u>	1 <u>Sullivan Gerald</u>	1 <u>Deslippe Lorna Margaret</u>
2 When was the child born?	2 <u>Apr 8/1909</u>	2 <u>May 14/09</u>	2 <u>June 4/1909</u>
3 Where was the child born? Street number or Concession and Lot.	3 <u>Lot 17 Con 10</u>	3 <u>Lot 301 S.W.R</u>	3 <u>Lot 10 Con 12</u>
4 Male or Female.	4 <u>Female</u>	4 <u>Male</u>	4 <u>Female</u>
5 Are the parents married?	5 <u>Yes</u>	5 <u>Yes</u>	5 <u>Yes</u>
6 Full name of Father.	6 <u>Thos. McFarland</u>	6 <u>Eugene A. Sullivan</u>	6 <u>Charles Deslippe</u>
7 Occupation of Father?	7 <u>Farmer</u>	7 <u>Farmer</u>	7 <u>Farmer</u>
8 Full Maiden Name of Mother.	8 <u>Annie Kilday</u>	8 <u>Annie Sullivan</u>	8 <u>Josephine Brongis</u>
9 If she has been more than once married give names of former husband, or husbands.			
10 Where were the parents married?	10 <u>Deport Mich</u>	10 <u>Madstone Cross</u>	10 <u>Oranway Mich</u>
11 When were they married?	11 <u>Jan 30, 1901</u>	11 <u>Nov 24, 1891</u>	11 <u>Sept 2, 1901</u>
12 If not married give full Name of Mother.			
13 Is she single, or a Widow? If a widow state name, occupation, and date of husband's death.	13 <u>016485</u>	13 <u>016486</u>	13 <u>016487</u>
14 What is her occupation?	14 <u>House wife</u>	14 <u>House wife</u>	14 <u>House wife</u>
15 Name of Physician attending.	15 <u>Dr. Doyle</u>	15 <u>Dr. Doyle</u>	15 <u>Dr. Beard</u>
16 Your relation to child.	16 <u>Father</u>	16 <u>Father</u>	16 <u>Father</u>
17 Were you in house at time of Birth?	17 <u>Yes</u>	17 <u>Yes</u>	17 <u>Yes</u>
18 Certified by	18 <u>Thos. McFarland</u>	18 <u>E. A. Sullivan</u>	18 <u>Charles Deslippe</u>
Address	<u>Harplay P.O.</u>	<u>Oldcastle P.O.</u>	<u>Madstone</u>
Date	<u>July 5/09</u>	<u>July 5/09</u>	<u>July 10/09</u>
Remarks			

Mary Loretta McFarland

Gerald Sullivan

Lorna Deslippe

	Surname first	Surname first	Surname first
1 What is the full name of child?	1* <u>Amelin Joseph William</u>	1 <u>Halford Mary Carmel</u>	1 <u>Keefe Lillian Gertrude</u>
2 When was the child born?	2 <u>May 3/09</u>	2 <u>July 29/09</u>	2 <u>Aug 13/1909</u>
3 Where was the child born? Street number or Concession and Lot.	3 <u>Lot 299 S.W.R</u>	3 <u>Lot 297 S.W.R</u>	3 <u>Lot 10 Con 10</u>
4 Male or Female.	4 <u>Male</u>	4 <u>Female</u>	4 <u>Female</u>
5 Are the parents married?	5 <u>Yes</u>	5 <u>Yes</u>	5 <u>Yes</u>
6 Full name of Father.	6 <u>Eli Amelin</u>	6 <u>Robert Alphonsus Halford</u>	6 <u>John P. O'Keefe</u>
7 Occupation of Father?	7 <u>Laborer</u>	7 <u>Farmer</u>	7 <u>Farmer</u>
8 Full Maiden Name of Mother.	8 <u>Mary Furlare</u>	8 <u>Elizabeth Mc Closkey</u>	8 <u>Cressa McCarthy</u>
9 If she has been more than once married give names of former husband, or husbands.			
10 Where were the parents married?	10 <u>Deport</u>	10 <u>Madstone Cross</u>	10 <u>Madstone Cross</u>
11 When were they married?	11 <u>July 19, 1890</u>	11 <u>June 25, 1895</u>	11 <u>Jan 14, 1903</u>
12 If not married give full Name of Mother.			
13 Is she single, or a Widow? If a widow state name, occupation, and date of husband's death.	13 <u>016488</u>	13 <u>016489</u>	13 <u>016490</u>
14 What is her occupation?	14 <u>House wife</u>	14 <u>House wife</u>	14 <u>House wife</u>
15 Name of Physician attending.	15 <u>Dr. Deneau</u>	15 <u>Dr. Doyle</u>	15 <u>Dr. Doyle</u>
16 Your relation to child.	16 <u>Father</u>	16 <u>Father</u>	16 <u>Father</u>
17 Were you in house at time of Birth?	17 <u>Yes</u>	17 <u>Yes</u>	17 <u>No</u>
18 Certified by	18 <u>Eli Amelin</u>	18 <u>Robt. A. Halford</u>	18 <u>John P. O'Keefe</u>
Address	<u>Madstone</u>	<u>Madstone</u>	<u>Madstone</u>
Date	<u>July 23/09</u>	<u>Aug 10/09</u>	<u>Sept 9/09</u>
Remarks			

Joseph William Amelin

Mary Carmel Halford

Lillian O'Keefe

I hereby certify the foregoing to be the true and correct entries of all Births returned to me for the quarter year ending Sept 30, 1909 Given under my hand this 15th day of October A.D. 1909 John Moynahan Division Registrar of Sandwich South

\*N. B.—The reference numbers relate to those found in Form 2 or 3, as an aid to transcribing.

BIRTHS

County of *Essex*

Division of *Sandwich South*

	Surname first	Surname first	Surname first
What is the full name of child?	1* <i>Croft Helen Frances</i>	1 <i>White Gertrude Louise</i>	1
When was the child born?	2 <i>Aug 8/09</i>	2 <i>Aug 24/1909</i>	2
Where was the child born? Street number or Concession and Lot.	3 If in a hospital give its name. <i>St 292 S. Y. R</i>	3 If in a hospital give its name. <i>Lot 1 Con 6</i>	3 If in a hospital give its name.
Male or Female.	4 <i>Female</i>	4 <i>Female</i> ✓	4
Are the parents married?	5 <i>Yes</i>	5 <i>Yes</i>	5
Full name of Father.	6 <i>Bethel Thomas Croft</i>	6 <i>Meredith H. White</i>	6
Occupation of Father?	7 <i>Farmer</i>	7 <i>Farmer</i>	7
Full Maiden Name of Mother.	8 <i>Ellen Kentucky</i>	8 <i>Lillian Hambley</i>	8
If she has been more than once married give names of former husband, or husbands.	9	9	9
Where were the parents married?	10 <i>Essex Co</i>	10 <i>Up of Lolo</i>	10
When were they married?	11	11 <i>Nov. 1904</i>	11
If not married give full Name of Mother.	12	12	12
Is she single, or a Widow? If a widow state name, occupation, and date of husband's death.	13 <b>016491</b>	13 <b>016492</b>	13
What is her occupation?	14 <i>House wife</i>	14 <i>House wife</i>	14
Name of Physician attending.	15 <i>J. W. Brien</i>	15 <i>J. W. Brien</i>	15
Your relation to child.	16 <i>Father</i>	16 <i>Father</i>	16
Were you in house at time of Birth?	17	17	17
Certified by	18 <i>Bethel Croft</i>	18 <i>M. H. White</i>	18
Address	<i>Maidstone</i>	<i>Paquette Station</i>	
Date	<i>Sept 10/09</i>	<i>Sept 14/09</i>	
Remarks	<i>Helen Croft</i>	<i>Gertrude White</i>	

	Surname first	Surname first	Surname first
What is the full name of child?	1*	1	1
When was the child born?	2	2	2
Where was the child born? Street number or Concession and Lot.	3 If in a hospital give its name.	3 If in a hospital give its name.	3 If in a hospital give its name.
Male or Female.	4	4	4
Are the parents married?	5	5	5
Full name of Father.	6	6	6
Occupation of Father?	7	7	7
Full Maiden Name of Mother.	8	8	8
If she has been more than once married give names of former husband, or husbands.	9	9	9
Where were the parents married?	10	10	10
When were they married?	11	11	11
If not married give full Name of Mother.	12	12	12
Is she single, or a Widow? If a widow state name, occupation, and date of husband's death.	13	13	13
What is her occupation?	14	14	14
Name of Physician attending.	15	15	15
Your relation to child.	16	16	16
Were you in house at time of Birth?	17	17	17
Certified by	18	18	18
Address			
Date			
Remarks			

I hereby certify the foregoing to be the true and correct entries of all Births returned to me for the quarter year ending *Sept 30* 190 *9*  
 Given under my hand this *15th* day of *October* A.D. 190 *9*  
*John Moynihan* Division Registrar of *Sandwich South*

\*N. B.—The reference numbers relate to those found in Form 2 or 3, as an aid to transcribing.

Schedule B.

N.B.—Record all still-births as births, as well as deaths.

BIRTHS

County of Essex Division of Sandwich South

	Surname first.	Surname first.	Surname first.
What is the full name of child?	1* <u>John Joseph Lloyd</u>	1 <u>Lynch Mary Helen</u>	1 <u>Gerard Flossie Constance</u>
When was the child born?	2 <u>Aug 25<sup>th</sup> 1909</u>	2 <u>Sept 21<sup>st</sup> 1909</u>	2 <u>Oct 3<sup>rd</sup> 1909</u>
Where was the child born? Street number or Concession and Lot.	3 <u>Lot 15 Con 9</u>	3 <u>Lot 5 Con 9</u>	3 <u>Lot 2 Con 11</u>
Male or Female.	4 <u>Male</u>	4 <u>Female</u>	4 <u>Female</u>
Are the parents married?	5 <u>Yes</u>	5 <u>Yes</u>	5 <u>Yes</u>
Full name of Father.	6 <u>Alex Jobin</u>	6 <u>John Lynch</u>	6 <u>Thomas Gerard</u>
Occupation of Father?	7 <u>Farmer</u>	7 <u>Lizzie Red Farmer</u>	7 <u>Farmer</u>
Full Maiden Name of Mother.	8 <u>Annie Moynahan</u>	8 <u>Lizzie Kelly</u>	8 <u>Eliza Jane Melina Forough</u>
If she has been more than once married give names of former husband, or husbands.	9	9	9
Where were the parents married?	10 <u>Maidstone Cross</u>	10 <u>Maidstone Cross</u>	10 <u>Maidstone</u>
When were they married?	11 <u>Feb. 1901</u>	11 <u>Apr 30/1902</u>	11 <u>May 26<sup>th</sup> 1901</u>
If not married give full Name of Mother.	12	12	12
Is she single, or a Widow? If a widow state name, occupation, and date of husband's death.	13 <u>016493</u>	13 <u>016494</u>	13 <u>016495</u>
What is her occupation?	14 <u>House wife</u>	14 <u>House wife</u>	14 <u>House wife</u>
Name of Physician attending.	15 <u>Dr J. McCormick</u>	15 <u>J. H. Brien</u>	15 <u>J. H. Brien</u>
Your relation to child.	16 <u>Father</u>	16 <u>Father</u>	16 <u>Father</u>
Were you in house at time of Birth?	17 <u>Yes</u>	17 <u>Yes</u>	17 <u>Yes</u>
Certified by	18 <u>Alex Jobin</u>	18 <u>John Lynch</u>	18 <u>Thomas Gerard</u>
Address	<u>North Pelton</u>	<u>Maidstone</u>	<u>Maidstone</u>
Date			
Remarks	<u>Joseph Lloyd Jobin</u>	<u>Helen Lynch</u>	<u>Flossie Gerard</u>

	Surname first.	Surname first.	Surname first.
What is the full name of child?	1* <u>Bondy Daisy Irene</u>	1 <u>Dumouchelle Teresa Magdalena</u>	1 <u>Greaves Charles Leonard</u>
When was the child born?	2 <u>Oct 18<sup>th</sup> 1909</u>	2 <u>Oct 4<sup>th</sup> 1909</u>	2 <u>Nov. 3<sup>rd</sup> 1909</u>
Where was the child born? Street number or Concession and Lot.	3 <u>Lot 5 Con 6</u>	3 <u>Lot 14 Con 5</u>	3 <u>Lot 14 Con 5</u>
Male or Female.	4 <u>Female</u>	4 <u>Female</u>	4 <u>Male</u>
Are the parents married?	5 <u>Yes</u>	5 <u>Yes</u>	5 <u>Yes</u>
Full name of Father.	6 <u>William Bondy</u>	6 <u>Napoleon Dumouchelle</u>	6 <u>Charles William Greaves</u>
Occupation of Father?	7 <u>Farmer</u>	7 <u>Farmer</u>	7 <u>Farmer</u>
Full Maiden Name of Mother?	8 <u>Mahlda Turner</u>	8 <u>Agnes Hanley</u>	8 <u>Harriet Ann Smith</u>
If she has been more than once married give names of former husband, or husbands.	9 <u>016496</u>	9 <u>016497</u>	9 <u>016498</u>
Where were the parents married?	10 <u>Detroit Mich.</u>	10 <u>Maidstone Cross</u>	10 <u>Essex</u>
When were they married?	11 <u>Feb 1898</u>	11 <u>Nov 22<sup>nd</sup> 1892</u>	11 <u>Apr 18/1894</u>
If not married give full Name of Mother.	12	12	12
Is she single, or a Widow? If a widow state name, occupation, and date of husband's death.	13 <u>Daisy Bondy</u>	13 <u>Teresa Dumouchelle</u>	13 <u>Charles Greaves</u>
What is her occupation?	14 <u>House wife</u>	14 <u>House wife</u>	14 <u>House wife</u>
Name of Physician attending.	15 <u>H. C. Doyle</u>	15 <u>Dr Gow</u>	15 <u>A. H. Keane</u>
Your relation to child.	16 <u>Father</u>	16 <u>Mother</u>	16 <u>Father</u>
Were you in house at time of Birth?	17 <u>Yes</u>	17 <u>Yes</u>	17 <u>Yes</u>
Certified by	18 <u>Wm Bondy</u>	18 <u>Agnes Dumouchelle</u>	18 <u>Chas W. Greaves</u>
Address	<u>Paquette Station</u>	<u>Jackson's Corners</u>	<u>Essex</u>
Date			
Remarks	<u>1909</u>		

I hereby certify the foregoing to be the true and correct entries of all Births returned to me for the quarter year ending Dec. 31<sup>st</sup> 1909  
 Given under my hand this 31<sup>st</sup> day of December A.D. 1909  
John Moynahan Division Registrar of Sandwich South

\*N.B.—The reference numbers relate to those found in Form 2 or 3, as an aid to transcribing.

