

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>Sullivan Earlan Jerome.</i>	1 <i>Robertson Mare Lu Violet.</i>	1 <i>Beahan Francis</i>
When was the child born?	2 <i>Sept 19th 1908</i>	2 <i>Dec 20th 1908</i>	2 <i>Feb 7th 1909.</i>
Where was the child born? Street number or Con- cession 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>Female</i>	4 <i>Female.</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>Timothy Sullivan</i>	6 <i>Thomas Robertson</i>	6 <i>Denis Beahan</i>
Occupation of Father?	7 <i>Farmer.</i>	7 <i>Farmer.</i>	7 <i>Farmer.</i>
Full Maiden Name of Mother.	8 <i>Mary McCarthy</i>	8 <i>Mahna Codriss</i>	8 <i>Ollie Muntair</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>Maidstone Cross.</i>	10 <i>St Andrew</i>	10 <i>Walperville</i>
When were they married?	11	11 <i>16 yrs (Possibly 1892)</i>	11 <i>July 17, 1888</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 <b>016463</b>	13 <b>016464</b>	13 <b>016465</b>
What is her occupation?	14 <i>Earlan Jerome Sullivan</i>	14 <i>Mare Robertson (Robinson)</i>	14 <i>Francis Beahan</i>
Name of Physician attend- ing.	15 <i>Dr J. G. Brien</i>	15 <i>Dr A. Lemire.</i>	15 <i>No Doctor</i>
Your relation to child.	16 <i>Father.</i>	16 <i>Aunt.</i>	16 <i>Father</i>
Were you in house at time of Birth?	17	17 <i>No.</i>	17 <i>Yes</i>
Certified by	18 <i>Timothy Sullivan</i>	18 <i>Mrs John Hodges.</i>	18 <i>Denis Beahan</i>
Address	<i>Maidstone Ont.</i>	<i>Jan 10/1909.</i>	<i>Harplay.</i>
Date	<i>Jan. 1st 1909.</i>	<i>(This is given as Male but is wrong according to name. I do not know any one of this name in the Sp. I think the name should be Robinson; who has moved to Maidstone.)</i>	<i>Feb 2/09.</i>
Remarks			
What is the full name of child?	1* <i>O'Neil Carl Alexander</i>	1 <i>Russette Louis Vincent</i>	1 <i>Fairbairn Helen Gertrude</i>
When was the child born?	2 <i>Feb 8/1909</i>	2 <i>Sept 17th 1908</i>	2 <i>Feb 13th 1909.</i>
Where was the child born? Street number or Con- cession 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>Female</i>
Are the parents married?	5 <i>Yes</i>	5 <i>Sept. 17th 1908 Yes.</i>	5 <i>Yes.</i>
Full name of Father.	6 <i>George O'Neil</i>	6 <i>Alex. Russette</i>	6 <i>George Fairbairn</i>
Occupation of Father?	7 <i>Farmer</i>	7 <i>Farmer.</i>	7 <i>Farmer.</i>
Full Maiden Name of Mother.	8 <i>Ada Grace Webb.</i>	8 <i>Mary Moynahan.</i>	8 <i>Elizabeth Amelia Frost.</i>
If she has been more than once married give names of former husband, or husbands.	9 <b>016466</b>	9 <b>016467</b>	9 <b>016468</b>
Where were the parents married?	10 <i>Sandwich Ont.</i>	10 <i>Maidstone Cross</i>	10 <i>Sandwich South</i>
When were they married?	11 <i>Feb 19th 1902.</i>	11 <i>Jan. 24, 1893</i>	11 <i>Nov. 25th 1903</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>Carl O'Neil</i>	13 <i>Louis Russette</i>	13 <i>Helen Fairbairn</i>
What is her occupation?	14	14	14
Name of Physician attend- ing.	15 <i>J. Herbert Brien</i>	15 <i>J. Wesley Brien</i>	15 <i>Dr Doyle</i>
Your relation to child.	16 <i>Father</i>	16 <i>Father</i>	16 <i>Father</i>
Were you in house at time of Birth?	17 <i>Yes.</i>	17 <i>Yes</i>	17 <i>Yes</i>
Certified by	18 <i>George O'Neil</i>	18 <i>Alex Russette</i>	18 <i>George Fairbairn</i>
Address	<i>Oldcastle</i>	<i>Maidstone.</i>	<i>Harplay P.O.</i>
Date	<i>Feb 20/09</i>	<i>Feb 25th 1909.</i>	<i>Mar 5/9.</i>
Remarks		<i>107/08</i>	

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

Given under my hand this

day of

A.D. 190

Division Registrar of

\*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>Kavanagh Clarence Arthur</i>	1 <i>Ure Arthur Percival</i>	1 <i>Greaves Martha Arretha</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 Con- cession 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 Edwidge 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>Mundor, Ont</i>	10	10 <i>Sandwich South</i>
When were they married?	11 <i>June 2, 1908</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>Oldcastle P.O.</i>	<i>Oldcastle.</i>	<i>Essex</i>
Date	<i>Mar 30th 1909.</i>	<i>Mar 30th 1909</i>	<i>Apr 3/1909.</i>
Remarks			

Clarence Kavanagh

Arthur Ure

Martha Greaves

	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 Con- cession 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			

Russell Collins

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Given under my hand this

day of

A.D. 190

Division Registrar of

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March 31st 1909  
Sandwich South



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>Laforet Joseph Jerry Lloyd</i>	1 <i>O'Neil Agnes Florence</i>	1 <i>Shuell Harry</i>
When was the child born?	2 <i>Apr 8, 1909</i>	2 <i>Apr 26, 1909</i>	2 <i>May 12th 1909</i>
Where was the child born? Street number or Con- cession and Lot.	3 If in a hospital give its name. <i>Lot 13 Con 8</i>	3 If in a hospital give its name. <i>Lot 302 S.Y.R.</i>	3 If in a hospital give its name. <i>Lot 1 Con 8</i>
Male or Female.	4 <i>Male</i>	4 <i>Female</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>Mose Laforet</i>	6 <i>Frank O'Neil</i>	6 <i>Robert Shuell</i>
Occupation of Father?	7 <i>Farmer</i>	7 <i>Farmer</i>	7 <i>Farmer</i>
Full Maiden Name of Mother.	8 <i>Celma Laford</i>	8 <i>Bertha Edith Church</i>	8 <i>Sarah Jones</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>Yecumseh</i>	10 <i>Sandwich South</i>	10 <i>Colchester North</i>
When were they married?	11 <i>Aug 7th 1889</i>	11 <i>Feb. 6, 1895</i>	11 <i>Dec 3, 1888</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>016473</i>	13 <i>016474</i>	13 <i>016475</i>
What is her occupation?	14	14	14
Name of Physician attend- ing.	15 <i>James Gow</i>	15 <i>James Samson</i>	15 <i>J. H. Breen</i>
Your relation to child.	16 <i>Father</i>	16 <i>Father</i>	16 <i>Father</i>
Were you in house at time of Birth?	17 <i>Yes</i>	17 <i>Yes</i>	17 <i>Yes</i>
Certified by	18 <i>Mose Laforet</i>	18 <i>Frank O'Neil</i>	18 <i>Robert Shuell</i>
Address	<i>Oldcastle</i>	<i>Oldcastle</i>	<i>Bequette Station</i>
Date	<i>May 10/09</i>	<i>May 27/09</i>	<i>May 14/09</i>
Remarks			

Joseph Jerry Laforet

Agnes O'Neil

Harry Shuel

	Surname first	Surname first	Surname first
What is the full name of child?	1* <i>Totten Theodore William</i>	1 <i>Marontate Mary Harriet</i>	1 <i>Lavin Glenn Joseph</i>
When was the child born?	2 <i>March 16/1909</i>	2 <i>May 17/1909</i>	2 <i>May 18th 1909</i>
Where was the child born? Street number or Con- cession and Lot.	3 If in a hospital give its name. <i>Lot 293 S.Y.R.</i>	3 If in a hospital give its name. <i>Lot 298 S.Y.R.</i>	3 If in a hospital give its name. <i>Lot 18 Con 11</i>
Male or Female.	4 <i>Male</i>	4 <i>Female</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>William Totten</i>	6 <i>Maurice Marontate</i>	6 <i>Joseph Lavin</i>
Occupation of Father?	7 <i>Farmer</i>	7 <i>Farmer</i>	7 <i>Farmer</i>
Full Maiden Name of Mother.	8 <i>Susan Burk</i>	8 <i>Rose Ella Enderby</i>	8 <i>Katherine Shanahan</i>
If she has been more than once married give names of former husband, or husbands.	9 <i>016476</i>	9 <i>016477</i>	9 <i>016478</i>
Where were the parents married?	10	10 <i>Amherstburg</i>	10 <i>Maidstone Cross</i>
When were they married?	11	11 <i>1901</i>	11 <i>May 1, 1898</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>Theodore Totten</i>	13 <i>Mary Harriet Marontate</i>	13 <i>Glenn Lavin</i>
What is her occupation?	14	14	14
Name of Physician attend- ing.	15 <i>Dr. Doyle</i>	15 <i>Dr. Keane</i>	15 <i>James Gow</i>
Your relation to child.	16 <i>Father</i>	16 <i>Father</i>	16 <i>Father</i>
Were you in house at time of Birth?	17	17 <i>No</i>	17 <i>Yes</i>
Certified by	18 <i>William Totten</i>	18 <i>Maurice Marontate</i>	18 <i>Joseph Lavin</i>
Address	<i>Maidstone</i>	<i>Maidstone</i>	<i>Harplay P.O.</i>
Date	<i>June 3/09</i>	<i>June 11th 1909</i>	<i>June 15th 1909</i>
Remarks			

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day of

A.D. 190

Division Registrar of

\*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>Washbrook Harvey Gerald</i>	1 <i>Hartley Agnes Caroline</i>	1 <i>O'Neil James Douglas</i>
When was the child born?	2 <i>Jan 10/1909</i>	2 <i>Jan 5, 1909</i>	2 <i>Mar 21st 1909</i>
Where was the child born? Street number or Con- cession and Lot.	3 If in a hospital give its name. <i>Lot 304 S.Y.R.</i>	3 If in a hospital give its name. <i>Lot 2 - Con 9</i>	3 If in a hospital give its name. <i>Lot 6 Con 7</i>
Male or Female.	4 <i>Male</i>	4 <i>Female</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>William Washbrooke</i>	6 <i>Richard Hartley</i>	6 <i>Harry O'Neil</i>
Occupation of Father?	7 <i>section man S.M.R.</i>	7 <i>Farmer</i>	7 <i>Farmer</i>
Full Maiden Name of Mother.	8 <i>Mary Elizabeth Moore</i>	8 <i>Charlotte Brackell</i>	8 <i>Eunice Emily Wre</i>
If she has been more than once married give names of former husband, or husbands.	9	9 <i>016480</i>	9 <i>016481</i>
Where were the parents married?	10 <i>016479</i>	10 <i>Sandwich</i>	10 <i>Sandwich South</i>
When were they married?	11	11 <i>Apr 17th 1899</i>	11 <i>June 10th 1908</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	13	13
What is her occupation?	14 <i>Harvey Washbrooke</i>	14 <i>Agnes Hartley</i>	14 <i>James Douglas O'Neil</i>
Name of Physician attending.	15 <i>James Melbert Brien</i>	15 <i>Dr Doyle</i>	15 <i>J. Melbert Brien</i>
Your relation to child.	16	16 <i>Father</i>	16 <i>Father</i>
Were you in house at time of Birth?	17	17	17 <i>Yes</i>
Certified by	18 <i>William J. Keefe</i>	18 <i>Richard Hartley</i>	18 <i>Harry O'Neil</i>
Address	<i>Maidstone</i>	<i>Paquette Station</i>	<i>Oldcastle</i>
Date	<i>Feb 10/1909</i>	<i>Feb 15/09</i>	<i>Apr 10th 1909</i>
Remarks	<i>This blank was made up by assessor &amp; not properly filled in when returned to father &amp; not as returned.</i>		
Surname first	Surname first	Surname first	
1* <i>Joseph Maitre</i>	1 <i>Talbot Mary</i>	1 <i>Walsh Joseph Edward</i>	
2 <i>Apr. 12, 1909</i>	2 <i>Feb 7/1909</i>	2 <i>Mar 25, 1909</i>	
3 If in a hospital give its name. <i>Lot 18 - Con 11</i>	3 If in a hospital give its name. <i>Lot 302 S.Y.R.</i>	3 If in a hospital give its name. <i>Lot 275 S.Y.R.</i>	
4 <i>Male</i>	4 <i>Female</i>	4 <i>Male</i>	
5 <i>Yes</i>	5 <i>Yes</i>	5 <i>Yes</i>	
6 <i>John Maitre</i>	6 <i>Charles Talbot</i>	6 <i>John James Walsh</i>	
7 <i>Farmer</i>	7 <i>section foreman</i>	7 <i>section foreman</i>	
8 <i>Delphine Couin</i>	8 <i>Emma Grandin</i>	8 <i>Maggie McCann</i>	
9 <i>016482</i>	9 <i>016483</i>	9 <i>016481</i>	
10 <i>Ycumseh</i>	10 <i>McGregor</i>	10 <i>Maidstone Cross</i>	
11 <i>Nov. 22nd 1892.</i>	11 <i>April 16th 1894</i>	11 <i>Feb. 27th 1899</i>	
12	12	12	
13 <i>Joseph Maitre</i>	13 <i>Mary Talbot</i>	13 <i>Joseph Edward Walsh</i>	
14	14	14	
15 <i>Dr Lemire</i>	15 <i>Dr Gerard</i>	15 <i>Dr Gerard</i>	
16 <i>Father</i>	16 <i>Father</i>	16 <i>Father</i>	
17 <i>Yes</i>	17 <i>No</i>	17 <i>Yes</i>	
18 <i>John Maitre</i>	18 <i>Charles Talbot</i>	18 <i>John James Walsh</i>	
<i>Ycumseh</i>	<i>Oldcastle</i>	<i>Maidstone</i>	
<i>Apr 30/09</i>	<i>Apr 30/09</i>	<i>Apr 30/09</i>	
<i>Still born</i>			

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Given under my hand this

day of

A.D. 190

Division Registrar of

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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>McFarland Mary Loretta</i>	1 <i>Sullivan Gerald</i>	1 <i>Deslippe Lorna Margaret</i>
When was the child born?	2 <i>Apr 8/1909</i>	2 <i>May 14/09</i>	2 <i>June 4/1909</i>
Where was the child born? Street number or Con- cession and Lot.	3 If in a hospital give its name. <i>Lot 14 Con 10</i>	3 If in a hospital give its name. <i>Lot 301 S.R.</i>	3 If in a hospital give its name. <i>Lot 10 Con 12</i>
Male or Female.	4 <i>Female</i>	4 <i>Male</i>	4 <i>Female</i>
Are the parents married?	5 <i>Yes</i>	5 <i>Yes</i>	5 <i>Yes</i>
Full name of Father.	6 <i>Thos. McFarland</i>	6 <i>Eugene A. Sullivan</i>	6 <i>Charles Deslippe</i>
Occupation of Father?	7 <i>Farmer</i>	7 <i>Farmer</i>	7 <i>Farmer</i>
Full Maiden Name of Mother.	8 <i>Annie Kilday</i>	8 <i>Annie Sullivan</i>	8 <i>Josephine Brongos</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>Deport Mich</i>	10 <i>Madstone Cross</i>	10 <i>Oranway Mich</i>
When were they married?	11 <i>Jan 30, 1901</i>	11 <i>Nov 24, 1891</i>	11 <i>Sept 2, 1901</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>016485</i>	13 <i>016486</i>	13 <i>016487</i>
What is her occupation?	14 <i>House wife</i>	14 <i>House wife</i>	14 <i>House wife</i>
Name of Physician attend- ing.	15 <i>Dr. Doyle</i>	15 <i>Dr. Doyle</i>	15 <i>Dr. Beard</i>
Your relation to child.	16 <i>Father</i>	16 <i>Father</i>	16 <i>Father</i>
Were you in house at time of Birth?	17	17	17 <i>Yes</i>
Certified by	18 <i>Thos. McFarland</i>	18 <i>E. A. Sullivan</i>	18 <i>Charles Deslippe</i>
Address	<i>Harplay P.O.</i>	<i>Oldcastle P.O.</i>	<i>Madstone</i>
Date	<i>July 3/09</i>	<i>July 3/09</i>	<i>July 10/09</i>
Remarks			

**Mary Loretta McFarland**      **Gerald Sullivan**      **Lorna Deslippe**

	Surname first	Surname first	Surname first
What is the full name of child?	1* <i>Amelin Joseph William</i>	1 <i>Halford Mary Carmel</i>	1 <i>Keefe Lillian Gertrude</i>
When was the child born?	2 <i>May 3/09</i>	2 <i>July 24/09</i>	2 <i>Aug 13/1909</i>
Where was the child born? Street number or Con- cession and Lot.	3 If in a hospital give its name. <i>Lot 299 S.R.</i>	3 If in a hospital give its name. <i>Lot 297 S.R.</i>	3 If in a hospital give its name. <i>Lot 10 Con 10</i>
Male or Female.	4 <i>Male</i>	4 <i>Female</i>	4 <i>Female</i>
Are the parents married?	5 <i>Yes</i>	5 <i>Yes</i>	5 <i>Yes</i>
Full name of Father.	6 <i>Eli Amelin</i>	6 <i>Robert Thompson Halford</i>	6 <i>John P. O'Keefe</i>
Occupation of Father?	7 <i>Laborer</i>	7 <i>Farmer</i>	7 <i>Farmer</i>
Full Maiden Name of Mother.	8 <i>Mary Foulare</i>	8 <i>Elizabeth Mc Closkey</i>	8 <i>Geressa McCarthy</i>
If she has been more than once married give names of former husband, or husbands.	9 <i>016488</i>	9 <i>016489</i>	9 <i>016490</i>
Where were the parents married?	10 <i>Deport</i>	10 <i>Madstone Cross</i>	10 <i>Madstone Cross</i>
When were they married?	11 <i>July 19, 1890</i>	11 <i>June 25, 1895</i>	11 <i>Jan 14, 1903</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	13	13
What is her occupation?	14 <i>House wife</i>	14 <i>House wife</i>	14 <i>House wife</i>
Name of Physician attend- ing.	15 <i>Dr. Deneau</i>	15 <i>Dr. Doyle</i>	15 <i>Dr. Doyle</i>
Your relation to child.	16 <i>Father</i>	16 <i>Father</i>	16 <i>Father</i>
Were you in house at time of Birth?	17 <i>Yes</i>	17 <i>Yes</i>	17 <i>No</i>
Certified by	18 <i>Eli Amelin</i>	18 <i>Robt. A. Halford</i>	18 <i>John P. O'Keefe</i>
Address	<i>Madstone</i>	<i>Madstone</i>	<i>Madstone</i>
Date	<i>July 23/09</i>	<i>Aug 10/09</i>	<i>Sept 7/09</i>
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

Given under my hand this

day of

A.D. 190

Division Registrar of

\*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 Con- cession and Lot.	3 If in a hospital give its name. <i>St 272 S. V. 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 Kendrick</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	13	13
What is her occupation?	14 <i>House wife</i>	14 <i>House wife</i>	14
Name of Physician attend- ing.	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>Piquette Station</i>	
Date	<i>Sept 10/09</i>	<i>Sept 10/09</i>	
Remarks			

Helen Croft

Gertrude White

	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 Con- cession 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 attend- ing.	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 and the day of *October* A.D. 190 *9*Division Registrar of *Sandwich South*



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>John Joseph Lloyd</i>	1 <i>Lynch Mary Helen</i>	1 <i>Gerard Flossie Constance</i>
When was the child born?	2 <i>Aug 25<sup>th</sup> 1909</i>	2 <i>Sept 21<sup>st</sup> 1909</i>	2 <i>Oct 3<sup>rd</sup> 1909</i>
Where was the child born? Street number or Con- cession and Lot.	3 If in a hospital give its name. <i>Lot 15 Con 9</i>	3 If in a hospital give its name. <i>Lot 5 Con 9</i>	3 If in a hospital give its name. <i>Lot 2 Con 11</i>
Male or Female.	4 <i>Male</i>	4 <i>Female</i>	4 <i>Female</i>
Are the parents married?	5 <i>Yes</i>	5 <i>Yes</i>	5 <i>Yes</i>
Full name of Father.	6 <i>Alex Jobin</i>	6 <i>John Lynch</i>	6 <i>Thomas Gerard</i>
Occupation of Father?	7 <i>Farmer</i>	7 <i>Lizzie Red Farmer</i>	7 <i>Farmer</i>
Full Maiden Name of Mother.	8 <i>Annie Moynahan</i>	8 <i>Lizzie Kelly</i>	8 <i>Elyza Jane Melina Farough</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>Maidstone Cross</i>	10 <i>Maidstone Cross</i>	10 <i>Maidstone</i>
When were they married?	11 <i>Feb. 1901</i>	11 <i>Apr 30/1902</i>	11 <i>May 26<sup>th</sup> 1901</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>016493</i>	13 <i>016494</i>	13 <i>016495</i>
What is her occupation?	14 <i>House wife</i>	14 <i>House wife</i>	14 <i>House wife</i>
Name of Physician attending.	15 <i>Dr J. McCormick</i>	15 <i>J. H. Brien</i>	15 <i>J. H. Brien</i>
Your relation to child.	16 <i>Father</i>	16 <i>Father</i>	16 <i>Father</i>
Were you in house at time of Birth?	17 <i>Yes</i>	17 <i>Yes</i>	17 <i>Yes</i>
Certified by	18 <i>Alex Jobin</i>	18 <i>John Lynch</i>	18 <i>Thomas Gerard</i>
Address	<i>North Coton</i>	<i>Maidstone</i>	<i>Maidstone</i>
Date			
Remarks	<i>Joseph Lloyd Jobin</i>	<i>Helen Lynch</i>	<i>Flossie Gerard</i>

	Surname first.	Surname first.	Surname first.
What is the full name of child?	1* <i>Bondy Daisy Irene</i>	1 <i>Dumouchelle Teresa Magdalena</i>	1 <i>Greaves Charles Leonard</i>
When was the child born?	2 <i>Oct 18<sup>th</sup> 1909</i>	2 <i>Oct 4<sup>th</sup> 1909</i>	2 <i>Nov. 3<sup>rd</sup> 1909</i>
Where was the child born? Street number or Con- cession and Lot.	3 If in a hospital give its name. <i>Lot 5 Con 6</i>	3 If in a hospital give its name. <i>Lot 14 Con 5</i>	3 If in a hospital give its name.
Male or Female.	4 <i>Female</i>	4 <i>Female</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>William Bondy</i>	6 <i>Napoleon Dumouchelle</i>	6 <i>Charles William Greaves</i>
Occupation of Father?	7 <i>Farmer</i>	7 <i>Farmer</i>	7 <i>Farmer</i>
Full Maiden Name of Mother?	8 <i>Mahlda Turner</i>	8 <i>Agnes Hanley</i>	8 <i>Harriet Ann Smith</i>
If she has been more than once married give names of former husband, or husbands.	9 <i>016496</i>	9 <i>016497</i>	9 <i>016498</i>
Where were the parents married?	10 <i>Detroit Mich.</i>	10 <i>Maidstone Cross</i>	10 <i>Essex</i>
When were they married?	11 <i>Feb 1898</i>	11 <i>Nov 22<sup>nd</sup> 1892</i>	11 <i>Apr 18/1894</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>Daisy Bondy</i>	13 <i>Teresa Dumouchelle</i>	13 <i>Charles Greaves</i>
What is her occupation?	14 <i>House wife</i>	14 <i>House wife</i>	14 <i>House wife</i>
Name of Physician attending.	15 <i>H. C. Doyle</i>	15 <i>Dr Gow</i>	15 <i>A. H. Keane</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 <i>Yes</i>	17 <i>Yes</i>
Certified by	18 <i>Wm Bondy</i>	18 <i>Agnes Dumouchelle</i>	18 <i>Chas W. Greaves</i>
Address	<i>Paquette Station</i>	<i>Jackson's Corners</i>	<i>Essex</i>
Date			
Remarks	<i>1909</i>		

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

Given under my hand this

31<sup>st</sup>

day of

December

A.D. 1909

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>Lafond Henry Joseph</i>	1 <i>Farough Orval</i>	1
When was the child born?	2 <i>Nov 27th 1909</i>	2 <i>Sept 15/1909</i>	2
Where was the child born? Street number or Con- cession and Lot.	3 If in a hospital give its name. <i>Lot 16 Con 9</i>	3 If in a hospital give its name. <i>Lot 3 Con 10</i>	3 If in a hospital give its name.
Male or Female.	4 <i>Male</i>	4 <i>Male</i>	4
Are the parents married?	5 <i>Yes</i>	5 <i>Yes</i>	5
Full name of Father.	6 <i>Alexander Lafond</i>	6 <i>Lawrence Farough</i>	6
Occupation of Father?	7 <i>Farmer</i>	7 <i>Farmer</i>	7
Full Maiden Name of Mother	8 <i>Annie Soulier</i>	8 <i>Clara Jane Brown</i>	8
If she has been more than once married give names of former husband, or husbands.	9 <i>016499</i>	9 <i>016500</i>	9
Where were the parents married?	10 <i>Yecumseh</i>	10 <i>Essex</i>	10
When were they married?	11 <i>June 28th 1904</i>	11 <i>Dec 13th 1899</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	13	13
What is her occupation?	14 <i>Farmer's wife</i>	14 <i>House wife</i>	14
Name of Physician attend- ing.	15 <i>Dr Lemire</i>	15 <i>H. C. Doyle</i>	15
Your relation to child.	16 <i>Father</i>	16 <i>Father</i>	16
Were you in house at time of Birth?	17 <i>Yes</i>	17 <i>Yes</i>	17
Certified by	18 <i>Alexander Lafond</i>	18 <i>Lawrence Farough</i>	18
Address	<i>North Pelton.</i>	<i>Madstone</i>	
Date	<i>Henry Lafond</i>	<i>Orville Farough</i>	
Remarks	<i>The father says he is no relation to child, but I think he means the doctor is no relation.</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 Con- cession 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 attend- ing.	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  
Given under my hand this *31st* day of *December* A.D. 190*9*

Division Registrar of *Sandwich South*

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

190 *9*