190

A.D. 190

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

day of

Division Registrar of

Given under my hand this

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 A.D.

Division Registrar of Sandurch Souse

199/ 8

BIRTHS

C well as deaths.	ounty of Esser	Division of Sandunch	bull,
What is the full name of child?	Surname first. 1. Eliza de Carena Moles III.	1 Danson Mary Ellen	Surname first.
	2 hely 1, 1910	2 Danson Mary Ellen 2 July 8, 1910	2 3 sd July 1910.
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.	. Male	. Hemale	· Male.
Are the parents married?	5 fles.	5 Ges.	s Ges.
Full name of Father.	6 Joseph Edwards	o Allen Danson	o Denig Donovan
Occupation of Father? Full Maiden Name of	8 Lothie Vollans	1 Harmer	1 Harmer
If she has been more than once married give names of former husband, or husbands.	8 dome (name	s Sohanna Higgins	8 Husen Kene.
The state of the s		10 Sandwich South 11 Sept 1896	10 Mandelove Cross
When were they married? If not married give full	11 Oct. 1905	11 Sept 1896	11 Oct 2/1894
Is she single, or a Widow? If a widow state name,		12	017908
occupation, and date of husband's death.	017906	017997	18
What is her occupation? Name of Physician attending.	Carson Edwards	Mary Ellen Dawson	Leo Donovan
	16 Frakel	16 De Doyle	16 Dr Doyle. 16 Hather
Were you in house at time of Birth?	17 My	17 Mes.	16 Hames 17 Mes'
Certified by	18 Joseph Edwards	18 Alex Dawson	18 Denis Donnan
Address	Paquelle Station	Oldcastle	Madeline
Date			
Remarks	July 10 th 1910	July 30/10	Mug 2/1910.
			λ
What is the full name of child?	1* Allen Kahlen Marenente	1 Collins Hardel brome	1 O'Ment Ellen Charmis
When was the child born?	2 28 July 1910	2 5th Sept 1910	2 Sept 22/1910
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 Hemale	. Male	· Hemale
re the parents married?	5 Ges'	6 / yes.	o ges
Full name of Father.	· Award allen	· premay tollins	· Horge of Heil
Occupation of Father? Full Maiden Name of Mother?	8 Such Alici Buch	* Katherine Kirly	« ada Grace Mebb.
If she has been more than once married give names		617910	017911
of former husband, or husbands. Where were the parents	017909	0 /2, / / /	
Where were the parents married?		10 Mudstone Gross.	10 Sandwich, Ont
When were they married? If not married give full Name of Mother.	The commence of the Commence o	11 Jane 6 th 1905	11 Heb 19/1902
Is she single, or a Widow? If a widow state name, occupation, and date of	Kathleen Allen	Harold Collins	Ellen O'Neil
What is her occupation?		14	14
Name of Physician attend- ing.	15 DV Mygers'	15 Di logers	16 Du fames Gow
Your relation to child. Were you in house at time	18 Hamus		16 Happer
of Birth? Certified by	19 Edward allen	18 Osemush Collins	10 Gan D. Wall
Address	Maidstone	Madsbre.	18 Ges. O XIIIE Oldesstle_
Date	Aug 20/1910	V_1	
Remarks		Sept 18/1910	8 Sept 30/1910.
	SANDWICH SOUJAL	HISIUKIUKL SOCIE/IY	
I hereby certi	ify the foregoing to be the true and correct entries of all Births and my hand this 31 Hard day	对自己的表面,因此是自己的表面也是一种,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	oh 1000
*N.B.—The reference ng/	form Mornichan bers relate to those found in Form 2 or 3, as an aid to transcri	Division Registrar of Sandwick Son	

BIRTHS

Division of County of What is the full name of When was the child born? Where was the child born ! Street number or Concession and Lot. Hemale Hemale Male or Female. Are the parents married? Full name of Father. Occupation of Father? Full Maiden Name of Mother. If she has been more than once married give names of former husband, or husbands. **Violet Boos** Margorie Robinson Ruby Farough Where were the parents married? 10 When were they married? 11 If not married give full 18 017914 Name of Mother. Is she single or a Widow! 017913 If a widow state name, occupation, and date of husband's death. What is her occupation? Dv Mc Connick Dr Doyle Name of Physician attend-15 16 Your relation to child. Were you in house at time of Birth? 17 17 Certified by Address Date Remarks 1. Lavoie Marie Louise What is the full name of child? 26 lov. 1909 When was the child born? Where was the child born? Street number or Con-cession and Lot. Male or Female. Are the parents married? Full name of Father. Occupation of Father? Full Maiden Name of Mother. If she has been more than 017915 017917 once married give names of former husband, or husbands. 017916 Where were the parents 10 married? When were they married? 11 11 If not married give full Name of Mother. 12 12 Marie Louise Lavoie Is she single or a Widow? Mary Christine Halford Bernard Beahan If a widow state name, occupation, and date of husband's death. 18 13 13 What is her occupation? Name of Physician attend-15 15 16 16 16 Your relation to child. Were you in house at time of Birth? 17 17 Certified by Address Date Remarks

10/0

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I hereby certify the foregoing to be the true and correct entries of all Births returned to me for the quarter year ending Dec 3/st 19/0

Given under my hand this day of Hel.

Division Registrar of Sandwick South.