

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>White Wilbert Hugh.</i>	1. <i>Watson Gerald William.</i>	1. <i>Harough Everett Pickett.</i>
When was the child born?	2. <i>Oct 7th 1911</i>	2. <i>Nov. 1st 1911</i>	2. <i>Dec 20th 1911</i>
Where was the child born? Street number or Concession and Lot.	3. If in a hospital give its name. <i>Lot 1 Con 7</i>	3. If in a hospital give its name. <i>Lot 11 Con 9</i>	3. If in a hospital give its name. <i>Lot 2 Con 10</i>
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>William White.</i>	6. <i>Stephen James Watson.</i>	6. <i>Stephen Harough.</i>
Occupation of Father?	7. <i>Farmer</i>	7. <i>Farmer</i>	7. <i>Farmer</i>
Full Maiden Name of Mother.	8. <i>Lillie Jane Hambley</i>	8. <i>Mary Frith.</i>	8. <i>Alice Pickett.</i>
If she has been more than once married give names of former husband, or husbands.	9. <i>020469</i>	9. <i>020470</i>	9. <i>020471</i>
Where were the parents married?	10. <i></i>	10. <i>Sand. South.</i>	10. <i>Sand. South.</i>
When were they married?	11. <i></i>	11. <i>June 4/1902</i>	11. <i></i>
If not married give full Name of Mother.	12. <i></i>	12. <i></i>	12. <i></i>
Is she single or a Widow? If a widow state name, occupation, and date of husband's death.	13. <i>Wilbert White</i>	13. <i>Gerald Watson</i>	13. <i>Everett Farough</i>
What is her occupation?	14. <i></i>	14. <i></i>	14. <i></i>
Name of Physician attending.	15. <i>Dr Rodgers</i>	15. <i>Dr Doyle.</i>	15. <i>Dr Doyle</i>
Your relation to child.	16. <i></i>	16. <i></i>	16. <i></i>
Were you in house at time of Birth?	17. <i></i>	17. <i></i>	17. <i></i>
Certified by	18. <i>Lillie White</i>	18. <i>Stephen James Watson</i>	18. <i>Mrs Harough</i>
Address	<i>Paquette Station.</i>	<i>Maidstone</i>	<i>Maidstone</i>
Date	<i>Jan 1st 1912.</i>	<i>Jan 1st 1912</i>	<i>Jan 15/1912</i>
Remarks	<i></i>	<i></i>	<i></i>
State if Twin, Triplet, Illegitimate or Still-birth.	<i></i>	<i></i>	<i></i>
What is the full name of child?	1. <i>Collins Francis Ambrose.</i>	1. <i>Harough Laura Sarah</i>	1. <i>O'Keefe Francis</i>
When was the child born?	2. <i>Feb 12/1912</i>	2. <i>Feb 26/1912</i>	2. <i>Feb 3rd 1912</i>
Where was the child born? Street number or Concession and Lot.	3. If in a hospital give its name. <i>Lot 293 N.R.</i>	3. If in a hospital give its name. <i>Lot 2 - Con 10</i>	3. If in a hospital give its name. <i>Lot 17 Con 10</i>
Male or Female.	4. <i>Male</i> <i>020472</i>	4. <i>Female</i> <i>020473</i>	4. <i>Male</i> <i>020474</i>
Are the parents married?	5. <i>Yes.</i>	5. <i>Yes.</i>	5. <i>Yes</i>
Full name of Father.	6. <i>Jeremiah Collins</i>	6. <i>Charles Joseph Harough</i>	6. <i>Michael O'Keefe</i>
Occupation of Father?	7. <i>Farmer</i>	7. <i>Farmer.</i>	7. <i>Farmer</i>
Full Maiden Name of Mother.	8. <i>Katherine Kirby</i>	8. <i>Elizabeth Ann Thomas.</i>	8. <i>Katherine Battersby</i>
If she has been more than once married give names of former husband, or husbands.	9. <i></i>	9. <i></i>	9. <i></i>
Where were the parents married?	10. <i>Maidstone Cross</i>	10. <i>Maidstone</i>	10. <i>Walkerville, Ont</i>
When were they married?	11. <i></i>	11. <i>Oct 13th 1904</i>	11. <i>Nov. 1905</i>
If not married give full Name of Mother.	12. <i></i>	12. <i></i>	12. <i></i>
Is she single or a Widow? If a widow state name, occupation, and date of husband's death.	13. <i>Francis Collins</i>	13. <i>Laura Farough</i>	13. <i>Francis O'Keefe</i>
What is her occupation?	14. <i></i>	14. <i></i>	14. <i></i>
Name of Physician attending.	15. <i>Dr Rodgers</i>	15. <i>Dr Boyce.</i>	15. <i>Dr Mc Cormick.</i>
Your relation to child.	16. <i>Father</i>	16. <i>Father</i>	16. <i>Grandfather</i>
Were you in house at time of Birth?	17. <i>Yes</i>	17. <i></i>	17. <i></i>
Certified by	18. <i>Jer Collins</i>	18. <i>Chas. Jos. Harough</i>	18. <i>Mrs Battersby</i>
Address	<i>Maidstone.</i>	<i>Maidstone</i>	<i>North Pelton.</i>
Date	<i>Feb 22/1912</i>	<i>Mar 10/1912</i>	<i>Mar 1st 1912</i>
Remarks	<i></i>	<i></i>	<i></i>
State if Twin, Triplet, Illegitimate or Still-birth.	<i></i>	<i></i>	<i></i>

SANDWICH SOUTH HISTORICAL SOCIETY

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* 19 *12*  
Given under my hand this *1st* day of *April* A.D. 19 *12*

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>Bedford Clifford Sifton</i>	1 <i>Roadhouse Florence Eleanor</i>	1
When was the child born?	2 <i>Jan 28/1912</i>	2 <i>Jan 1st 1912</i>	2
Where was the child born? Street number or Con- cession and Lot.	3 If in a hospital give its name. <i>Lot 15 Con 5</i>	3 If in a hospital give its name. <i>Lot 7 Con 6</i>	3 If in a hospital give its name.
Male or Female.	4 <i>Male</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>Joseph Blake Bedford</i>	6 <i>Percy W. Roadhouse</i>	6
Occupation of Father?	7 <i>Farmer</i>	7 <i>Farmer</i>	7
Full Maiden Name of Mother.	8 <i>Annie Mabel Holden</i>	8 <i>Lillian Helen Borse</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>Waltham</i>	10 <i>Sandwich</i>	10
When were they married?	11 <i>May 4th 1907</i>	11 <i>Nov. 14th 1911</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 <i>020475</i>	13 <i>020476</i>	13
What is her occupation?	14 <i>Clifford Bedford</i>	14 <i>Florence Roadhouse</i>	14
Name of Physician attending.	15 <i>W. R. Hader</i>	15 <i>Dr. Sweeney</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>No</i>	17 <i>Yes</i>	17
Certified by	18 <i>Joseph Blake Bedford</i>	18 <i>Percy W. Roadhouse</i>	18
Address	<i>Jackson's Corners</i>	<i>Oldcastle</i>	
Date	<i>Mar 1st 1912.</i>	<i>Mar 1st 1912.</i>	
Remarks			
State if Twin, Triplet, Illegitimate or Still-birth.			

	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 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			
State if Twin, Triplet, Illegitimate or Still-birth.			

SANDWICH SOUTH HISTORICAL SOCIETY

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Given under my hand this *1st* day of *April* A.D. 19 *12*Division Registrar of *Sandwich South*



Schedule B.

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

## BIRTHS

County of EssexDivision of Sandwich South

Surname first.		Surname first.		Surname first.	
What is the full name of child?	1* Libby Edna Gertrude	1 Holinsworth Helen Elizabeth	1 Kavanagh Bernard Joseph		
When was the child born?	2 Aug 4th 1912	2 May 30th 1912	2 July 16/1912		
Where was the child born? Street number or Concession and Lot.	3 If in a hospital give its name. Lot 4 Con 8	3 If in a hospital give its name. Lot 3 Con 6	3 If in a hospital give its name. Lot 300 N. 48.		
Male or Female.	4 Female	4 Female	4 Male		
Are the parents married?	5 Yes	5 Yes	5 Yes		
Full name of Father.	6 Benjamin Francis Libby	6 Thomas G. Holinsworth	6 Arthur Chas. Kavanagh		
Occupation of Father?	7 Farmer	7 Farmer	7 Farmer		
Full Maiden Name of Mother.	8 Mabel Beatrice O'Neil	8 Elizabeth Washbrook	8 Margaret Kilds		
If she has been more than once married give names of former husband, or husbands.	9 020477	9 020478	9 020479		
Where were the parents married?	10 Church Redeemer	10 Sandwich	10 Windsor		
When were they married?	11 Dec 15th 1904	11 Dec 31st 1894	11 June 2, 1908		
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 Edna Libby	13 Helen Holinsworth	13 Bernard Kavanagh		
What is her occupation?	14	14	14		
Name of Physician attending.	15 Dr W. C. Doyle	15 Dr Stewart	15 Dr Doyle		
Your relation to child.	16 Father	16 Father	16 Father		
Were you in house at time of Birth?	17 P	17 Yes	17 Yes		
Certified by	18 Benjamin F. Libby	18 Thos. G. Holinsworth	18 Arthur C. Kavanagh		
Address	Paquette Station	Paquette Station	Old castle		
Date	Aug 20/1912	Aug 28/1912	Sept 4/1912		
Remarks					

  

Surname first.		Surname first.		Surname first.	
What is the full name of child?	1* Hurley Catharine Veronica	1		1	
When was the child born?	2 Sept 3rd 1912	2		2	
Where was the child born? Street number or Concession and Lot.	3 If in a hospital give its name. Lot 14 Con 7	3 If in a hospital give its name.		3 If in a hospital give its name.	
Male or Female.	4 Female	4		4	
Are the parents married?	5 Yes 020480	5		5	
Full name of Father.	6 John Hurley	6		6	
Occupation of Father?	7 Farmer	7		7	
Full Maiden Name of Mother.	8 Mary Burke	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 Windsor	10		10	
When were they married?	11 Apr 19th 1904	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 Catharine Hurley	13		13	
What is her occupation?	14	14		14	
Name of Physician attending.	15 J. Wilbert Brian	15		15	
Your relation to child.	16 Father	16		16	
Were you in house at time of Birth?	17 Yes	17		17	
Certified by	18 John Hurley	18		18	
Address	Old castle				
Date	Sept 18/1912				
Remarks					

SANDWICH SOUTH HISTORICAL SOCIETY

I hereby certify the foregoing to be the true and correct entries of all Births returned to me for the quarter year ending Dec 31st  
Given under my hand this 15th day of January A.D. 19 13

Division Registrar of

Sandwich South

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## BIRTHS

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

County of *Essex*Division of *Sandwich South*

What is the full name of child?	Surname first.	Surname first.	Surname first.
1. <i>Dell Alma Fern</i>	1. <i>Neil Calvin Rose</i>	1. <i>Halford Elizabeth Roberta</i>	1. <i>Deehan Margaret Clarice</i>
2. <i>Oct. 8<sup>th</sup> 1912</i>	2. <i>Oct. 11<sup>th</sup> 1912</i>	2. <i>Oct. 11<sup>th</sup> 1912</i>	2. <i>Nov. 27<sup>th</sup> 1912</i>
3. <i>Lot 294 S.R. Sandwich South</i>	3. <i>Lot 3 Cor 7 Sandwich South</i>	3. <i>Lot 297 Sandwich South</i>	3. <i>Lot 295 S.R. Sandwich South</i>
4. <i>Female</i>	4. <i>Male</i>	4. <i>Female</i>	4. <i>Female</i>
5. <i>Yes</i>	5. <i>Yes</i>	5. <i>Yes</i>	5. <i>Yes</i>
6. <i>Albert Edgar Dell</i>	6. <i>Charles Neil</i>	6. <i>Robert Alphonsus Halford</i>	6. <i>Edward Deehan</i>
7. <i>Track Foreman</i>	7. <i>Farmer</i>	7. <i>Farmer</i>	7. <i>Farmer</i>
8. <i>Mary Ethel</i>	8. <i>Mary Queen</i>	8. <i>Elizabeth M. Closkey</i>	8. <i>Agnes Kane</i>
9. <i>020481</i>	9. <i>020482</i>	9. <i>020483</i>	9. <i>020486</i>
10. <i>Brantford (Brant Co.)</i>	10. <i>St. Stephen's Rectory Sandwich South</i>	10. <i>Maidstone Out</i>	10. <i>St. Mary's Church Maidstone Out</i>
11. <i>Nov. 7<sup>th</sup> 1900</i>	11. <i>June 28<sup>th</sup> 1905</i>	11. <i>June 25<sup>th</sup> 1895</i>	11. <i>Nov. 29<sup>th</sup> 1911</i>
12. <i>Alma Dell</i>	12. <i>Calvin O'Neil</i>	12. <i>Elizabeth Halford</i>	12. <i>Margaret Deehan</i>
13. <i>Dr. Doyle. Essex. Oct</i>	13. <i>Dr. J. W. Brien</i>	13. <i>Dr. Doyle</i>	13. <i>Dr. Rogers</i>
14. <i>Father</i>	14. <i>Father</i>	14. <i>Mother</i>	14. <i>Father</i>
15. <i>Yes</i>	15. <i>Yes</i>	15. <i>Yes</i>	15. <i>Yes</i>
16. <i>Albert Edgar Dell</i>	16. <i>Charles Neil</i>	16. <i>Mrs. Elizabeth Halford</i>	16. <i>Edward Deehan</i>
17. <i>Maidstone. Out</i>	17. <i>Piquette Sta. Out</i>	17. <i>Maidstone. Out</i>	17. <i>Maidstone. Out</i>
18. <i>Oct. 26<sup>th</sup> 1912</i>	18. <i>Nov. 2<sup>nd</sup> 1912</i>	18. <i>Oct. 26<sup>th</sup> 1912</i>	18. <i>Dec. 16<sup>th</sup> 1912</i>
19. <i>Francis William McCloskey</i>	19. <i>Nina Marie Deslippe</i>	19. <i>Margaret Deehan</i>	19. <i>Margaret Deehan</i>

SANDWICH SOUTH HISTORICAL SOCIETY

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. 19\_\_\_\_  
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.

What is the full name of child?

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  
once married give names  
of former husband or  
husbands.Where were the parents  
married?

When were they married?

If not married give full  
Name of Mother.Is she single or a Widow?  
If a widow state name,  
occupation, and date of  
husband's death.

What is her occupation?

Name of Physician attend-  
ing.

Your relation to child.

Were you in house at time  
of Birth?

Certified by

Address

Date

Remarks

State if Twin, Triplet, Ille-  
gitimate or Still-birth.

Surname first.

Surname first.

1. *McAuliffe Margaret Thelma.*2. *Dec 25<sup>th</sup> 1912*3. *Lot 294 W.R. Sandwich South*4. *Female*5. *Yes*6. *James M. McAuliffe*7. *Farmer*8. *Adelaide G. Halford*9. *029487*10. *Maidstone Ont*11. *July 4<sup>th</sup> 1898*12. 13. 14. *Margaret McAuliffe*15. *Dr. Rogers*16. *Father*17. *Yes*18. *James M. McAuliffe**Maidstone Ont**Dec 31<sup>st</sup> 1912.*

Surname first.

Surname first.

Surname first.

What is the full name of child?

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  
once married give names  
of former husband or  
husbands.Where were the parents  
married?

When were they married?

If not married give full  
Name of Mother.Is she single or a Widow?  
If a widow state name,  
occupation, and date of  
husband's death.

What is her occupation?

Name of Physician attend-  
ing.

Your relation to child.

Were you in house at time  
of Birth?

Certified by

Address

Date

Remarks

State if Twin, Triplet, Ille-  
gitimate or Still-birth.

SANDWICH SOUTH HISTORICAL SOCIETY

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*  
Given under my hand this *15<sup>th</sup>* day of *January* A.D. 19 *13*

Division Registrar of

*Sandwich South County of Essex*