

BIRTHS

Schedule 11.

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.
What is the full name of child?	1* Dell, Alma Fern	1 Neil Caloni Ross	1 Halford, Elizabeth Robert
When was the child born?	2 Oct 8 th 1912	2 Oct 11 th 1912	2 Oct 11 th 1912
Where was the child born?	3 Lot 294 S.R. Sandwich South	3 Lot 3, Con 7 Sandwich South	3 Lot 297 S.R. Sandwich South
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 Female	4 Male	4 Female
Are the Parents married?	5 Yes	5 Yes	5 Yes
Full name of Father.	6 Albert Edgar Dell	6 Charles Neil	6 Robert Alphonsus Halford
Occupation of Father?	7 Track Foreman	7 Farmer	7 Farmer
Full Maiden Name of Mother.	8 Mary Ethel	8 Mary Queen	8 Elizabeth M. Clokey
If she has been more than once married give names of former husband or husbands.	9	9	9
Where were the parents married?	10 Brantford (Brant Co.)	10 St. Stephens Rectory Sandwich South	10 Maidstone
When were they married?	11 Nov 7 th 1900	11 June 28 th 1906	11 June 25 th 1895
If not married give full Name of Mother.	12	12	12
Is she single or a Widow?	13	13	13
If a widow state name, occupation, and date of husband's death.	14	14	14
What is her occupation?	15	15	15
Name of Physician attending.	16 Dr. Doyle Essex C.O.	16 Dr. J. W. Brien	16 Dr. Doyle
Your relation to child.	17 Father	17 Father	17 Mother
Were you in house at time of Birth?	18 Yes	18 Yes	18 Yes
Certified by	19 A. E. Dell	19 Charles Neil	19 Mrs. Elizabeth Halford
Address	20 Maidstone, Ont	20 Paquette Sta. Ont	20 Maidstone, Ont
Date	21 Oct 26 th 1912	21 Nov 2 nd 1912	21 Oct 26 th 1912
Remarks			
State if Twin, Triplet, Illegitimate or Still-birth.	Dell	Neil	Halford

	Surname first.	Surname first.	Surname first.
What is the full name of child?	1* McCloskey, Patrick William	1 Deslippe, Nina Marie	1 McAuliffe, Margaret Theresa
When was the child born?	2 Oct 14 th 1912	2 Oct 29 th 1912	2 Dec 26 th 1912
Where was the child born?	3 Lot 294 S.R. Sandwich South	3 Lot 3 Con 9 Sandwich South	3 Lot 294 S.R. Sandwich South
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 Male	4 Female	4 Female
Are the Parents married?	5 Yes	5 Yes	5 Yes
Full name of Father.	6 Vincent McCloskey	6 Charles Deslippe	6 James M. McAuliffe
Occupation of Father?	7 Grain Merchant	7 Farmer	7 Farmer
Full Maiden Name of Mother.	8 Delia Kenney	8 Josephine Torongo	8 Adelaide G. Halford
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 Onaway Mich U.S.A.	10 Maidstone
When were they married?	11 June 23 rd 1908	11 Sept 2 nd 1901	11 July 4 th 1898
If not married give full Name of Mother.	12	12	12
Is she single or a Widow?	13	13	13
If a widow state name, occupation, and date of husband's death.	14	14	14
What is her occupation?	15	15	15
Name of Physician attending.	16 Dr. H. A. Bowie	16 Dr. Brien	16 Dr. Rodgers
Your relation to child.	17 Father	17 Father	17 Father
Were you in house at time of Birth?	18 Yes	18 Yes	18 Yes
Certified by	19 Vincent McCloskey	19 Charles Deslippe	19 James M. McAuliffe
Address	20 Maidstone Ont	20 Maidstone Ont	20 Maidstone
Date	21 Nov 1 st 1912	21 Nov 7 th 1912	21 Dec 31 1912
Remarks			
State if Twin, Triplet, Illegitimate or Still-birth.	McCloskey	Deslippe	McAuliffe

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 _____

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

Division Registrar of

A.D. 19 12

19

Sandwich South

BIRTHS

County of *Essex*

Division of *Sandwich South*

	Surname first.	Surname first.	Surname first.
What is the full name of child?	1. <i>Deehan Margaret Elmer</i>	<i>Cloutier Isabella</i>	1. <i>McCarthy Veronica</i>
When was the child born?	2. <i>Nov 27 1912</i>	2. <i>July 4th 1912</i>	2. <i>Jan 31st 1913</i>
Where was the child born? Street number or Con- cession and Lot.	3. <i>Lot 295 S.R. Sandwich South</i>	3. <i>Lot 11 Con 5 Sandwich South</i>	3. <i>Sandwich South</i>
Male or Female.	4. <i>Female</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>Edward Deehan</i>	6. <i>Arthur Cloutier</i>	6. <i>Joseph M. McCarthy</i>
Occupation of Father?	7. <i>Farmer</i>	7. <i>Farmer</i>	7. <i>Farmer</i>
Full Maiden Name of Mother.	8. <i>Agnes Kane</i>	8. <i>Blanche Renaud</i>	8. <i>Eliza Delisle</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>St Mary's Church Maidstone</i>	10. <i>Canard River</i>	10. <i>St Mary's Church Maidstone</i>
When were they married?	11. <i>Nov. 29-1911</i>	11. <i>July 19th 1909</i>	11. <i>June 10th 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. _____	13. _____	13. _____
What is her occupation?	14. _____	14. _____	14. _____
Name of Physician attend- ing.	15. <i>Dr. Rodgers</i>	15. _____	15. <i>None</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>Edward Deehan</i>	18. <i>Arthur Cloutier</i>	18. <i>Joseph M. McCarthy</i>
Address	<i>Maidstone Ont</i>	<i>Lukerville - Ont</i>	<i>Maidstone Ont</i>
Date	<i>Dec 16 1912</i>	<i>Feb 1st 1913</i>	<i>Feb 20th 1913</i>
Remarks	Deehan	Cloutier	McCarthy
State if Twin, Triplet, Ille- gitimate or Still-birth.			

	Surname first.	Surname first.	Surname first.
What is the full name of child?	1. <i>Arnold Edwin Emma</i>	1. <i>Greaves Fern Elever</i>	1. <i>Greaves Freda Gertrude</i>
When was the child born?	2. <i>July 2nd 1912</i>	2. <i>Dec 18th 1912</i>	2. <i>Dec 18th 1912</i>
Where was the child born? Street number or Con- cession and Lot.	3. <i>Lot 13 Con 7 Sandwich South</i>	3. <i>Lot 2 Con 12 Sand South</i>	3. <i>Lot 2 Con 12 Sand South</i>
Male or Female.	4. <i>Female</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>George Arnold</i>	6. <i>Geo. Sidney Greaves</i>	6. <i>Geo. Sidney Greave</i>
Occupation of Father?	7. <i>Farmer</i>	7. <i>Farmer</i>	7. <i>Farmer</i>
Full Maiden Name of Mother.	8. <i>Alice Moore</i>	8. <i>Martha Ann Farough</i>	8. <i>Martha Ann 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>Grosse Pointe Mich</i>	10. <i>Bridges Home Con 11 Sand. South</i>	10. <i>Bridges Home Con 11 Sandwich South</i>
When were they married?	11. <i>Nov-29-1906</i>	11. <i>Dec 2nd 1896</i>	11. <i>Dec 2nd 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. _____	13. _____	13. _____
What is her occupation?	14. _____	14. _____	14. _____
Name of Physician attend- ing.	15. _____	15. <i>Dr. Rodgers</i>	15. <i>Dr. Rodgers</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>Yes</i>	17. <i>Yes</i>
Certified by	18. <i>Geo Arnold</i>	18. <i>Geo S. Greaves</i>	18. <i>Geo S. Greaves</i>
Address	<i>W. Belton Ont</i>	<i>Maidstone</i>	<i>Maidstone</i>
Date	<i>Jan 24th 1913</i>	<i>Jan 17th 1913</i>	<i>Jan 17th 1913</i>
Remarks	Arnold	Greaves	Greaves
State if Twin, Triplet, Ille- gitimate or Still-birth.			

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 _____ A.D. 19
Given under my hand this _____
John M. Auliffe Division Registrar of *Sandwich South*
reference numbers relate to those found in Form 2 of 3, as an aid to transcribing.

BIRTHS

County of *Essex*

Division of *Sandwich South*

3

	Surname first.	Surname first.	Surname first.
What is the full name of child?	1* <i>Deslippe Bernard Wilfred</i>	1 <i>M^cLean Mary Helen</i>	1 <i>Banwell Percy Edward</i>
When was the child born?	2 <i>Feb. 13th 1913</i>	2 <i>Feb. 16th 1913</i>	2 <i>Dec. 8th 1912</i>
Where was the child born? Street number or Con- cession and Lot.	3 <i>Lot 299 S.R. Sand South</i>	3 <i>Lot 295 S.R. Sand South</i>	3 <i>Sandwich South</i>
If in a hospital give its name.			
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>Louis Eli Deslippe</i>	6 <i>Patrick M^cLean</i>	6 <i>Edward G. B. Banwell</i>
Occupation of Father?	7 <i>Farmer</i>	7 <i>Farmer</i>	7 <i>Farmer</i>
Full Maiden Name of Mother.	8 <i>Annie Bondy</i>	8 <i>Julia Kelly</i>	8 <i>Jessie R. Watson</i>
If she has been more than once married give names of former husband or husbands.			
Where were the parents married?	10 <i>M^cGregor Ont</i>	10 <i>St Marys Church Mandstone</i>	10 <i>Sandwich South</i>
When were they married?	11 <i>Jan 25th 1898</i>	11 <i>June 6th 1905</i>	11 <i>July 20th 1907</i>
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.	15 <i>Dr. Dimfield</i>	15 <i>Dr. J. W. Brien</i>	15 <i>Dr M^c Cormick</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>No</i>	17 <i>Yes</i>
Certified by	18 <i>Louis E. Deslippe</i>	18 <i>Patrick M^cLean</i>	18 <i>E. G. B. Banwell</i>
Address	<i>Mandstone Ont</i>	<i>Mandstone Ont</i>	<i>Jackson's Corners</i>
Date	<i>Feb. 28th 1913</i>	<i>Feb. 28th 1913</i>	<i>Jan 7th 1913</i>
Remarks	Deslippe	McLean	Banwell
State if Twin, Triplet, Ille- gitimate or Still-birth.			

	Surname first.	Surname first.	Surname first.
What is the full name of child?	1* <i>Cloutier</i>	1 <i>Boos Pearl Leona</i>	1 <i>O'Neil Harold Arthur</i>
When was the child born?	2 <i>April 4th 1913</i>	2 <i>Mar. 27th 1913</i>	2 <i>April 10th 1913</i>
Where was the child born? Street number or Con- cession and Lot.	3 <i>Lot 1 Con S. Sand South</i>	3 <i>Lot 302 Sand South</i>	3 <i>Sand South</i>
If in a hospital give its name.			
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>Edmond Cloutier</i>	6 <i>Joseph E. Boos</i>	6 <i>Joseph Harry O'Neil</i>
Occupation of Father?	7 <i>Farmer</i>	7 <i>Farmer</i>	7 <i>Farmer</i>
Full Maiden Name of Mother.	8 <i>Wedwidge Morfortow</i>	8 <i>Minnie Hazel Ridsdale</i>	8 <i>Ernie Emily O'Neil</i>
If she has been more than once married give names of former husband or husbands.			
Where were the parents married?	10 <i>Canard River</i>	10 <i>St Stephens Church</i>	10 <i>Sand South</i>
When were they married?	11 <i>June 14th 1909</i>	11 <i>Sept. 9th 1909</i>	
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.	15 <i>Dr. Stewart</i>	15 <i>Dr. Dimfield</i>	15 <i>Dr. J. W. 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>Edmond Cloutier</i>	18 <i>Joseph E. Boos</i>	18 <i>Harry O'Neil</i>
Address	<i>Lukerville Ont</i>	<i>Oldcastle Ont</i>	<i>Oldcastle Ont</i>
Date	<i>April 5th 1913</i>	<i>April 23rd 1913</i>	<i>May 1st 1913</i>
Remarks	Cloutier	Boos	O'Neil
State if Twin, Triplet, Ille- gitimate or Still-birth.	<i>Still Birth</i>		

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 _____ A.D. 19
Given under my hand this _____
Division Registrar of _____

BIRTHS

Schedule 14.
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?

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.

1* *Cloutier Irene*
2 *Feb. 11th 1913*
3 *Lot 2 Con. 5 Sand South*
4 If in a hospital give its name.

4 *Female*

5 *Yes*

6 *Armand Cloutier*

7 *Farmer*

8 *Felicia Drouillard*

9

10 *Canard River*

11 *Feb 23rd 1903*

12

13

14

15 *None*

16 *Father*

17 *Yes*

18 *Armand Cloutier*

Lukerville. Out

May 4th 1913

Cloutier

Surname first.

1 *Allen Salina Maud*
2 *April 27th 1913*
3 *Lot 4 Con 6 Sand South*
4 If in a hospital give its name.

4 *Female*

5 *Yes*

6 *Ronald Larnia Allen*

7 *Farmer*

8 *Gertrude Louise Nichols*

9

10 *Windsor. Out*

11 *Oct 31st 1903*

12

13

14

15 *Dr. J. W. Brien*

16 *Father*

17 *Yes*

18 *Ronald K. Allen*

Jacksons Corners

May 10th 1913

Allen

Surname first.

1 *Croft Ethel Cordelia*
2 *May 7th 1913*
3 *Sandwich South*
4 If in a hospital give its name.

4 *Female*

5 *Yes*

6 *Bethel Thomas Croft*

7 *Carpenter*

8 *Allen Kendrick*

9

10 *Maudstone Out*

11 *June 22nd 1904*

12

13

14

15 *Dr. J. W. Brien*

16 *Father*

17 *Yes*

18 *Bethel J. Croft*

Maudstone Out

May 26th 1913

Croft

Surname first.

1* *White Florence May*
2 *May 12th 1913*
3 *Sand South*
4 If in a hospital give its name.

4 *Female*

5 *Yes*

6 *Meredith William White*

7 *Farmer*

8 *Lillian Jane Hambley*

9

10 *Lobo Middlesex Co.*

11 *Nov 16th 1904*

12

13

14

15 *Dr. J. W. Brien*

16 *Father*

17 *Yes*

18 *M. W. White*

Praguetts Slai Out

May 31st 1913

White

Surname first.

1 *Collins Gregory Francis*
2 *June 4th 1913*
3 *Lot 296 Sand South*
4 If in a hospital give its name.

4 *Male*

5 *Yes*

6 *Jeremiah Collins*

7 *Farmer*

8 *Catherine Kirby*

9

10 *Maudstone*

11 *June 6th 1905*

12

13

14

15 *Dr. J. W. Rogers*

16 *Father*

17 *Yes*

18 *Jeremiah Collins*

Maudstone Out

June 18th 1913

Collins

Surname first.

1 *Kane Margaret*
2 *May 28th 1913*
3 *Sandwich South*
4 If in a hospital give its name.

4 *Female*

5 *Yes*

6 *Edward Kane*

7 *Farmer*

8 *Margaret Kane*

9

10 *Walkerville Out*

11 *July 25th 1910*

12

13

14

15 *Dr. W. C. Doyle*

16 *Father*

17 *Yes*

18 *Edward Kane*

Maudstone Out

June 24th 1913

Kane

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Given under my hand this _____ day of _____

Division Registrar of

A.D. 19

19

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BIRTHS

County of Essex

Division of Sandwich South 5-

	Surname first.	Surname first.	Surname first.
What is the full name of child?	1. Bondy Blanche Greta	1. Herdman Garnet	1. McCarthy Frances Emmet
When was the child born?	2. July 5/1913	2. July 17/1913	2. July 24/1913
Where was the child born? Street number or Con- cession and Lot.	3. Sandwich South	3. Lot 306 Sand. South	3. Lot 299 Sand. South
If in a hospital give its name.			
Male or Female.	4. Female	4. Male	4. Male
Are the Parents married?	5. Yes	5. Yes	5. Yes
Full name of Father.	6. William Bondy	6. Charles Herdman	6. Andrew McCarthy
Occupation of Father?	7. Farmer	7. Farmer	7. Farmer
Full Maiden Name of Mother.	8. Matilda Turner	8. Margaret Robinson	8. Grace Sexton
If she has been more than once married give names of former husband or husbands.			
Where were the parents married?	9. <u>—</u>	9. <u>—</u>	9. <u>—</u>
When were they married?	10. Detroit	10. Windsor	10. Maidstone
If not married give full Name of Mother.	11. 1899	11. May 22/1896	11. April 14/1903
Is she single or a Widow? If a widow state name, occupation, and date of husband's death.	12. <u>—</u>	12. <u>—</u>	12. <u>—</u>
What is her occupation?	13. <u>—</u>	13. <u>—</u>	13. <u>—</u>
Name of Physician attend- ing.	14. Housewife	14. Housewife	14. Housewife
Your relation to child.	15. Dr. Doyle	15. Dr. McCormick	15. <u>—</u>
Were you in house at time of Birth?	16. Father	16. Father	16. Father
Certified by	17. Yes	17. Yes	17. Yes
Address	18. William Bondy	18. Charles Herdman	18. Mr. Andrew McCarthy
Date	Paquette Station	Jackson Corners	Maidstone
Remarks	July 9/1913	Aug 10/1913	Aug. 15/1913
State if Twin, Triplet, Ille- gitimate or Still-birth.	Bondy	Herdman	McCarthy

	Surname first.	Surname first.	Surname first.
What is the full name of child?	1. Sullivan Curtis Joseph	1. Holden Douglas Clifford	1. Roadhouse Charles Raymond
When was the child born?	2. Aug 18/1913	2. Aug 22/1913	2. Sept. 16/1913
Where was the child born? Street number or Con- cession and Lot.	3. Lot 94 Sand South	3. Sandwich South	3. Lot 310 Sand. South
If in a hospital give its name.			
Male or Female.	4. Male	4. Male	4. Male
Are the Parents married?	5. Yes	5. Yes	5. Yes
Full name of Father.	6. Peter Sullivan	6. George Holden	6. Percy Roadhouse
Occupation of Father?	7. Farmer	7. Farmer	7. Farmer
Full Maiden Name of Mother.	8. Nellie Sheehan	8. Laura Merriek	8. Lillian V. Boose
If she has been more than once married give names of former husband or husbands.			
Where were the parents married?	9. <u>—</u>	9. <u>—</u>	9. <u>—</u>
When were they married?	10. Maidstone	10. Jackson Corners	10. Sandwich
If not married give full Name of Mother.	11. April 23/1901	11. Dec. 20/1895	11. Nov. 14/1911
Is she single or a Widow? If a widow state name, occupation, and date of husband's death.	12. <u>—</u>	12. <u>—</u>	12. <u>—</u>
What is her occupation?	13. <u>—</u>	13. <u>—</u>	13. <u>—</u>
Name of Physician attend- ing.	14. Housewife	14. Housewife	14. Housewife
Your relation to child.	15. Dr. J. W. Brien	15. Dr. McCormick	15. Dr. Doyle
Were you in house at time of Birth?	16. Father	16. Father	16. Father
Certified by	17. Yes	17. Yes	17. Yes
Address	18. Peter Sullivan	18. George Holden	18. Percy Roadhouse
Date	Maidstone	Jackson Corners	Oldcastle
Remarks	Aug. 28/1913	Sept 5/1913	Sept. 30/1913
State if Twin, Triplet, Ille- gitimate or Still-birth.	Sullivan	Holden	Roadhouse

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 August 19 1913
Given under my hand this 10th day of August 19 1913
John M. Auliffe Division Registrar of Sandwich South

BIRTHS

Schedule 14.
N.B.—Record all still-births as births,
as well as deaths.

Division of

County of

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.

1. Surname first. Farough
2. What is the full name of child? Farough
3. When was the child born? Sept. 11/1913
4. Where was the child born? Sand. South
5. Street number or Con-
cession and Lot.
6. Male or Female. Female
7. Are the Parents married? Yes
8. Full name of Father. Albert Farough
9. Occupation of Father? Farmer
10. Full Maiden Name of
Mother. Minnie Beno
11. If she has been more than
once married give names
of former husband or
husbands.
12. Where were the parents
married? Sand. South
13. When were they married? Oct. 12/1906
14. If not married give full
Name of Mother.
15. Is she single or a Widow?
16. If a widow state name,
occupation, and date of
husband's death.
17. What is her occupation? Housewife
18. Name of Physician attend-
ing. Dr. Hoyle
19. Your relation to child. Father
20. Were you in house at time
of Birth? Yes
21. Certified by Albert Farough
22. Address Maidstone
23. Date Sept. 19/1913
24. Remarks
25. State if Twin, Triplet, Ille-
gitimate or Still-birth. Farough

1. Surname first. Janisse
2. What is the full name of child? Janisse
3. When was the child born? Sept. 28/1913
4. Where was the child born? Sand. South
5. Street number or Con-
cession and Lot. 306
6. Male or Female. Female
7. Are the Parents married? Yes
8. Full name of Father. Frank Janisse
9. Occupation of Father? Farmer
10. Full Maiden Name of
Mother. Claire Durocher
11. If she has been more than
once married give names
of former husband or
husbands.
12. Where were the parents
married? Sandwich Out.
13. When were they married? May 14/1895
14. If not married give full
Name of Mother.
15. Is she single or a Widow?
16. If a widow state name,
occupation, and date of
husband's death.
17. What is her occupation? Housewife
18. Name of Physician attend-
ing. Father
19. Your relation to child. Yes
20. Were you in house at time
of Birth? Yes
21. Certified by Frank Janisse
22. Address Windsor
23. Date Sept. 28/1913
24. Remarks
25. State if Twin, Triplet, Ille-
gitimate or Still-birth. Janisse

1. Surname first. Marshall
2. What is the full name of child? Marshall
3. When was the child born? July 17/1913
4. Where was the child born? Sand. South
5. Street number or Con-
cession and Lot.
6. Male or Female. Female
7. Are the Parents married? Yes
8. Full name of Father. Chas. L. Marshall
9. Occupation of Father? Farmer
10. Full Maiden Name of
Mother. Louise Lynch
11. If she has been more than
once married give names
of former husband or
husbands.
12. Where were the parents
married? Windsor
13. When were they married? June 1909
14. If not married give full
Name of Mother.
15. Is she single or a Widow?
16. If a widow state name,
occupation, and date of
husband's death.
17. What is her occupation? Housewife
18. Name of Physician attend-
ing. Father
19. Your relation to child. Yes
20. Were you in house at time
of Birth? Yes
21. Certified by Chas. L. Marshall
22. Address Fair Play
23. Date Aug. 10/1913
24. Remarks
25. State if Twin, Triplet, Ille-
gitimate or Still-birth. Marshall

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.

1. Surname first. McFarland
2. What is the full name of child? McFarland
3. When was the child born? Oct. 7/1913
4. Where was the child born? Sandwich South
5. Street number or Con-
cession and Lot.
6. Male or Female. Male
7. Are the Parents married? Yes
8. Full name of Father. Thos. McFarland
9. Occupation of Father? Farmer
10. Full Maiden Name of
Mother. Anna Kilday
11. If she has been more than
once married give names
of former husband or
husbands.
12. Where were the parents
married? Detroit
13. When were they married? Jan. 30th 1901
14. If not married give full
Name of Mother.
15. Is she single or a Widow?
16. If a widow state name,
occupation, and date of
husband's death.
17. What is her occupation? Housewife
18. Name of Physician attend-
ing. Dr. W. C. Hoyle
19. Your relation to child. Father
20. Were you in house at time
of Birth? Yes
21. Certified by Thos. McFarland
22. Address Fair Play
23. Date Oct. 28/1913.
24. Remarks
25. State if Twin, Triplet, Ille-
gitimate or Still-birth. McFarland

1. Surname first. Halford
2. What is the full name of child? Halford
3. When was the child born? Oct. 20/1913
4. Where was the child born? Sand. South
5. Street number or Con-
cession and Lot. 298
6. Male or Female. Female
7. Are the Parents married? Yes
8. Full name of Father. Robt Halford
9. Occupation of Father? Farmer
10. Full Maiden Name of
Mother. Elizabeth M. Colsky
11. If she has been more than
once married give names
of former husband or
husbands.
12. Where were the parents
married? Maidstone
13. When were they married? June 26th 1895
14. If not married give full
Name of Mother.
15. Is she single or a Widow?
16. If a widow state name,
occupation, and date of
husband's death.
17. What is her occupation? Housewife
18. Name of Physician attend-
ing. Dr. W. C. Hoyle
19. Your relation to child. Father
20. Were you in house at time
of Birth? Yes
21. Certified by Robt Halford
22. Address Maidstone Out
23. Date Nov. 1/1913
24. Remarks
25. State if Twin, Triplet, Ille-
gitimate or Still-birth. Halford

1. Surname first. Farough
2. What is the full name of child? Farough
3. When was the child born? Oct. 18th 1913
4. Where was the child born? Sandwich South
5. Street number or Con-
cession and Lot.
6. Male or Female. Female
7. Are the Parents married? Yes
8. Full name of Father. Charles J. Farough
9. Occupation of Father? Farmer
10. Full Maiden Name of
Mother. Elizabeth Smith
11. If she has been more than
once married give names
of former husband or
husbands.
12. Where were the parents
married? Maidstone
13. When were they married? Oct. 13th 1904
14. If not married give full
Name of Mother.
15. Is she single or a Widow?
16. If a widow state name,
occupation, and date of
husband's death.
17. What is her occupation? Housewife
18. Name of Physician attend-
ing. Dr. W. C. Hoyle
19. Your relation to child. Father
20. Were you in house at time
of Birth? Yes
21. Certified by Charles J. Farough
22. Address Maidstone
23. Date Nov. 10th 1913
24. Remarks
25. State if Twin, Triplet, Ille-
gitimate or Still-birth. Farough

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

Division Registrar of

A.D. 19

19

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