

# BIRTHS

Ellis, james wilson, john charles wilson, annie may ellis, margaret alice willoughby, nicholas arthur willoughby, ada marshall, pearl clayton, james henry clayton, clara jessie bell, keith compton falconer, ernest keith falconer, alma getrude compton, edith jean pittock, james pittock, edith french, ethel jean calder, john knight calder, ethel maree meek

County of Alford

Division of Sugarsale

No. 7

County Alford Municipality Sugarsale

Street and Number or Con. and Lot Conroy St  
(If in hospital, give name instead of street)

Surname Wilson

Given names in full Ellis James

Sex (M. or F.) M Twin or Triplet - Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Dec 17th 1919

**FATHER**  
Full name John Charles Wilson Age last birthday -  
Usual residence Sugarsale  
Racial origin - Birth-place -  
Trade or Profession Farmer  
Kind of industry or business in which employed -

**MOTHER**  
Full maiden name Annie May Ellis Age last birthday -  
Usual residence Sugarsale  
Racial origin - Birth-place -  
Number of children including this one: living - dead - still-born -  
Occupation, if other than household duties -

Name of Informant John Charles Wilson  
Address Sugarsale  
Name of Physician in attendance Dr Williams  
Did physician give notice of this birth? Yes Date of receipt by D. R. Dec 17/19

No. 8

County Alford Municipality Sugarsale

Street and Number or Con. and Lot Conroy St  
(If in hospital, give name instead of street)

Surname Clayton

Given names in full James Henry Pearl

Sex (M. or F.) M Twin or Triplet - Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Dec 26th 1919

**FATHER**  
Full name James Henry Clayton Age last birthday 39  
Usual residence Sugarsale  
Racial origin English Birth-place England  
Trade or Profession Machinist  
Kind of industry or business in which employed -

**MOTHER**  
Full maiden name Clara Jessie Bell Age last birthday 40  
Usual residence Sugarsale  
Racial origin English Birth-place England  
Number of children including this one: living 2 dead - still-born -  
Occupation, if other than household duties -

Name of Informant J H Clayton  
Address Sugarsale  
Name of Physician in attendance Dr Rogers  
Did physician give notice of this birth? Yes Date of receipt by D. R. Jan 12/20

No. 9

County Alford Municipality Sugarsale

Street and Number or Con. and Lot Conroy St  
(If in hospital, give name instead of street)

Surname Pittock

Given names in full Edith Jean

Sex (M. or F.) F Twin or Triplet - Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Dec 26th 1919

**FATHER**  
Full name James Pittock Age last birthday -  
Usual residence Sugarsale  
Racial origin - Birth-place -  
Trade or Profession Machinist  
Kind of industry or business in which employed -

**MOTHER**  
Full maiden name Edith French Age last birthday -  
Usual residence Sugarsale  
Racial origin - Birth-place -  
Number of children including this one: living - dead - still-born -  
Occupation, if other than household duties -

Name of Informant James Pittock  
Address Sugarsale  
Name of Physician in attendance Dr Cornish  
Did physician give notice of this birth? Yes Date of receipt by D. R. Dec 26/19

No. 10

County Alford Municipality Sugarsale

Street and Number or Con. and Lot Conroy St  
(If in hospital, give name instead of street)

Surname Willoughby

Given names in full Margaret Alice

Sex (M. or F.) F Twin or Triplet - Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Jan 5th 1920

**FATHER**  
Full name Nicholas Arthur Willoughby Age last birthday 30  
Usual residence Sugarsale  
Racial origin English Birth-place Ont  
Trade or Profession Publican  
Kind of industry or business in which employed Newspaper

**MOTHER**  
Full maiden name Ada Marshall Age last birthday 34  
Usual residence Sugarsale  
Racial origin English Birth-place Ont  
Number of children including this one: living 1 dead - still-born -  
Occupation, if other than household duties -

Name of Informant N A Willoughby  
Address Sugarsale  
Name of Physician in attendance Dr Cornish  
Did physician give notice of this birth? Yes Date of receipt by D. R. Jan 5/20

No. 11

County Alford Municipality Sugarsale

Street and Number or Con. and Lot Conroy St  
(If in hospital, give name instead of street)

Surname Falconer

Given names in full Keith Ernest

Sex (M. or F.) M Twin or Triplet - Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Jan 2nd 1920

**FATHER**  
Full name Ernest Keith Falconer Age last birthday 40  
Usual residence Sugarsale  
Racial origin Scottish Birth-place Scotland  
Trade or Profession -  
Kind of industry or business in which employed Marine Service

**MOTHER**  
Full maiden name Alma Gertrude Compton Age last birthday 34  
Usual residence Sugarsale  
Racial origin English Birth-place England  
Number of children including this one: living 2 dead - still-born -  
Occupation, if other than household duties -

Name of Informant Ernest Keith Falconer  
Address Sugarsale  
Name of Physician in attendance Dr Compton  
Did physician give notice of this birth? Yes Date of receipt by D. R. Jan 2/20

No. 12

County Alford Municipality Sugarsale

Street and Number or Con. and Lot Conroy St  
(If in hospital, give name instead of street)

Surname Calder

Given names in full Ethel Jean

Sex (M. or F.) F Twin or Triplet - Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Dec 13th 1919

**FATHER**  
Full name John Knight Calder Age last birthday 39  
Usual residence Sugarsale  
Racial origin Scottish Birth-place Ontario  
Trade or Profession Salesman  
Kind of industry or business in which employed -

**MOTHER**  
Full maiden name Ethel Marie Meek Age last birthday 39  
Usual residence Sugarsale  
Racial origin Scottish Birth-place Ontario  
Number of children including this one: living 3 dead - still-born -  
Occupation, if other than household duties -

Name of Informant John Knight Calder  
Address Sugarsale  
Name of Physician in attendance Dr Williams  
Did physician give notice of this birth? Yes Date of receipt by D. R. Jan 20/20

I hereby certify that the above are correct registrations of Births filed with me during the month of January 1920

W. R. Smith D. R.

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

County of Offord

Division of                     

Marguerite marie warden, raymond wilmer warden, jeanne eugene proast, herbert arthur affwad wade, matthew wade, violet carr, dons nelan moyer, squire moyer, sarah cooper, reginald harold hipperson, horace william hipperson, violet brown, david mcdonald wade, samuel wade, elizabeth jane mcdonald, helma florence irene holland, frank charles holland, janet alma pearshall

THIS SPACE TO BE RESERVED FOR BINDING

No. 7

County Offord Municipality Ingersoll

Street and Number                       
or Con. and Lot                       
(If in hospital, give name instead of street)

Surname Warden

Given names in full Marguerite Marie

Sex M (M. or F.)    Twin or Triplet -    Was child born alive Yes    Legitimate "Yes" or "No" Yes

Date of Birth July 9th 1920

**FATHER**  
Full name Raymond Wilmer Warden    Age last birthday 31  
Usual residence Ingersoll  
Racial origin English    Birth-place Ontario  
Occupation Driftman  
Trade or Profession                       
Kind of industry or business in which employed Student of Warden

**MOTHER**  
Full maiden name Jeane Eugine Warden    Age last birthday 23  
Usual residence Ingersoll  
Racial origin French    Birth-place France  
Number of children including this one: living 1    dead 0    Still-born 0  
Occupation, if other than household duties None

Name of Informant Dr. Warden

Address Ingersoll

Name of Physician in attendance Dr. McDonald

Did physician give notice of this birth? Yes    Date of receipt by D. R. July 9/20

No. 8

County Offord Municipality Ingersoll

Street and Number                       
or Con. and Lot                       
(If in hospital, give name instead of street)

Surname Mayer

Given names in full Doris Helian

Sex F (M. or F.)    Twin or Triplet -    Was child born alive Yes    Legitimate "Yes" or "No" Yes

Date of Birth July 23rd 1920

**FATHER**  
Full name Squire Mayer    Age last birthday 27  
Usual residence Ingersoll  
Racial origin Dutch    Birth-place Canada  
Occupation Machinist  
Trade or Profession                       
Kind of industry or business in which employed Screw Works

**MOTHER**  
Full maiden name Lena Cooper    Age last birthday 23  
Usual residence Ingersoll  
Racial origin Irish    Birth-place Canada  
Number of children including this one: living 1    dead 0    Still-born 0  
Occupation, if other than household duties None

Name of Informant Squire Mayer

Address Ingersoll

Name of Physician in attendance Dr. Cameron

Did physician give notice of this birth? Yes    Date of receipt by D. R. July 24/20

No. 9

County Offord Municipality Ingersoll

Street and Number                       
or Con. and Lot                       
(If in hospital, give name instead of street)

Surname Wade

Given names in full Doris McDonald

Sex M (M. or F.)    Twin or Triplet -    Was child born alive Yes    Legitimate "Yes" or "No" Yes

Date of Birth July 30th 1920

**FATHER**  
Full name Samuel Wade    Age last birthday 31  
Usual residence Ingersoll  
Racial origin Scottish    Birth-place Scotland  
Occupation Machinist  
Trade or Profession                       
Kind of industry or business in which employed Winding Mills

**MOTHER**  
Full maiden name Elizabeth Jane McDonald    Age last birthday 31  
Usual residence Ingersoll  
Racial origin Scottish    Birth-place Scotland  
Number of children including this one: living 2    dead 0    Still-born 0  
Occupation, if other than household duties None

Name of Informant Samuel Wade

Address Ingersoll

Name of Physician in attendance Dr. Bethune

Did physician give notice of this birth? Yes    Date of receipt by D. R. July 2/20

No. 10

County Offord Municipality Ingersoll

Street and Number                       
or Con. and Lot                       
(If in hospital, give name instead of street)

Surname Wade

Given names in full Matthew Wade

Sex M (M. or F.)    Twin or Triplet -    Was child born alive Yes    Legitimate "Yes" or "No" Yes

Date of Birth July 20th 1920

**FATHER**  
Full name Matthew Wade    Age last birthday 24  
Usual residence Ingersoll  
Racial origin English    Birth-place Ontario  
Occupation Steel Emporium  
Trade or Profession                       
Kind of industry or business in which employed J. M. S.

**MOTHER**  
Full maiden name Maude Carr    Age last birthday 22  
Usual residence Ingersoll  
Racial origin English    Birth-place Canada  
Number of children including this one: living 1    dead 0    Still-born 0  
Occupation, if other than household duties                     

Name of Informant Mrs. M. S. Wade

Address Ingersoll

Name of Physician in attendance Dr. Cameron

Did physician give notice of this birth? Yes    Date of receipt by D. R. July 2/20

No. 11

County Offord Municipality Ingersoll

Street and Number                       
or Con. and Lot                       
(If in hospital, give name instead of street)

Surname Hipperson

Given names in full Reginald Harold

Sex M (M. or F.)    Twin or Triplet -    Was child born alive Yes    Legitimate "Yes" or "No" Yes

Date of Birth July 6th 1920

**FATHER**  
Full name Horace William Hipperson    Age last birthday 33  
Usual residence Ingersoll  
Racial origin English    Birth-place England  
Occupation Welder  
Trade or Profession                       
Kind of industry or business in which employed Steel Works

**MOTHER**  
Full maiden name Maude Brown    Age last birthday 32  
Usual residence Ingersoll  
Racial origin English    Birth-place England  
Number of children including this one: living 4    dead 1    Still-born 0  
Occupation, if other than household duties None

Name of Informant Dr. W. Hipperson

Address Ingersoll

Name of Physician in attendance Dr. Cameron

Did physician give notice of this birth? Yes    Date of receipt by D. R. July 7/20

No. 12

County Offord Municipality Ingersoll

Street and Number                       
or Con. and Lot                       
(If in hospital, give name instead of street)

Surname Skellard

Given names in full Frank Charles Skellard

Sex M (M. or F.)    Twin or Triplet -    Was child born alive Yes    Legitimate "Yes" or "No" Yes

Date of Birth July 2nd 1920

**FATHER**  
Full name Frank Charles Skellard    Age last birthday 28  
Usual residence Ingersoll  
Racial origin English    Birth-place England  
Occupation Machinist  
Trade or Profession                       
Kind of industry or business in which employed Machine Shop

**MOTHER**  
Full maiden name Janet Alma Pearson    Age last birthday 32  
Usual residence Ingersoll  
Racial origin English    Birth-place Perth  
Number of children including this one: living 3    dead 0    Still-born 0  
Occupation, if other than household duties None

Name of Informant Frank Charles Skellard

Address Ingersoll

Name of Physician in attendance Dr. Cameron

Did physician give notice of this birth? Yes    Date of receipt by D. R. July 2/20

I hereby certify that the above are correct registrations of Births filed with me during the month of February 1920

W. D. Smith    D. R.  
Address Ingersoll



# BIRTHS

Hárold raymond cossar, harry connor, violet aleta mcready, glady helen fitzmorris, thomas william fitzmorris, lilly may coles, leo john johnson, william joseph johnson, margaret ellen minard, norah leona asling, robert james asling, ella loretta brown, lloyd arthur hayward, arthur hayward, alma aleta johnson, myole dorothy burke, hary burke, olive myrtle campbell

County of Alford

Division of Windsor

No. 1	No. 2	No. 3	
<p>County <u>Alford</u> Municipality <u>Windsor</u></p> <p>Street and Number <u>Victoria St. Windsor</u> <small>(If in hospital, give name instead of street)</small></p> <p>Surname <u>Cannan</u></p> <p>Given names in full <u>Harold Raymond</u></p> <p>Sex <u>M</u> (M. or F.)    Twin or Triplet <u>-</u>    Was child born alive <u>Yes</u>    Legitimate "Yes" "No" <u>Yes</u></p> <p>Date of Birth <u>July 9th 1920</u></p> <p><b>FATHER</b> Full name <u>Henry Cannan</u>    Age last birthday <u>29</u> Usual residence <u>West Alford</u> Racial origin <u>English</u>    Birth-place <u>Canmer</u> Trade or Profession <u>Labourer</u> Kind of industry or business in which employed <u>Stone Quarry</u></p> <p><b>MOTHER</b> Full maiden name <u>Elizabeth Mcready</u>    Age last birthday <u>23</u> Usual residence <u>West Alford</u> Racial origin <u>English</u>    Birth-place <u>Windsor</u> Number of children including this one: living <u>3</u>    dead <u>0</u>    Still-born <u>0</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>Mrs Henry Cannan</u> Address <u>Windsor</u> Name of Physician in attendance <u>Dr. Coulter</u> Did physician give notice of this birth? <u>Yes</u>    Date of receipt by D. R. <u>July 9/20</u></p>	<p>County <u>Alford</u> Municipality <u>Windsor</u></p> <p>Street and Number <u>Victoria St. Windsor</u> <small>(If in hospital, give name instead of street)</small></p> <p>Surname <u>Johnson</u></p> <p>Given names in full <u>Leo John</u></p> <p>Sex <u>M</u> (M. or F.)    Twin or Triplet <u>-</u>    Was child born alive <u>Yes</u>    Legitimate "Yes" "No" <u>Yes</u></p> <p>Date of Birth <u>July 19th 1920</u></p> <p><b>FATHER</b> Full name <u>William Joseph Johnson</u>    Age last birthday <u>34</u> Usual residence <u>Windsor</u> Racial origin <u>English</u>    Birth-place <u>United States</u> Trade or Profession <u>Labourer</u> Kind of industry or business in which employed <u>Railroad</u></p> <p><b>MOTHER</b> Full maiden name <u>Margaret Ellen Minard</u>    Age last birthday <u>33</u> Usual residence <u>Windsor</u> Racial origin <u>Dutch</u>    Birth-place <u>West Alford</u> Number of children including this one: living <u>2</u>    dead <u>1</u>    Still-born <u>0</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>W. J. Johnson</u> Address <u>Windsor</u> Name of Physician in attendance <u>Dr. Coulter</u> Did physician give notice of this birth? <u>Yes</u>    Date of receipt by D. R. <u>July 19/20</u></p>	<p>County <u>Alford</u> Municipality <u>Windsor</u></p> <p>Street and Number <u>Victoria St. Windsor</u> <small>(If in hospital, give name instead of street)</small></p> <p>Surname <u>Hayward</u></p> <p>Given names in full <u>Lloyd Arthur</u></p> <p>Sex <u>M</u> (M. or F.)    Twin or Triplet <u>-</u>    Was child born alive <u>Yes</u>    Legitimate "Yes" "No" <u>Yes</u></p> <p>Date of Birth <u>July 16th 1920</u></p> <p><b>FATHER</b> Full name <u>Arthur Hayward</u>    Age last birthday <u>25</u> Usual residence <u>Windsor</u> Racial origin <u>English</u>    Birth-place <u>Michigan</u> Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>Machine Shop</u></p> <p><b>MOTHER</b> Full maiden name <u>Alma Aleta Johnson</u>    Age last birthday <u>29</u> Usual residence <u>Windsor</u> Racial origin <u>English</u>    Birth-place <u>Ontario</u> Number of children including this one: living <u>2</u>    dead <u>0</u>    Still-born <u>0</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>Arthur Hayward</u> Address <u>Windsor</u> Name of Physician in attendance <u>Dr. Macdonald</u> Did physician give notice of this birth? <u>Yes</u>    Date of receipt by D. R. <u>July 17/20</u></p>	
<p>County <u>Alford</u> Municipality <u>Windsor</u></p> <p>Street and Number <u>Victoria St. Windsor</u> <small>(If in hospital, give name instead of street)</small></p> <p>Surname <u>Fitzmorris</u></p> <p>Given names in full <u>Lilly May Cole</u></p> <p>Sex <u>F</u> (M. or F.)    Twin or Triplet <u>-</u>    Was child born alive <u>Yes</u>    Legitimate "Yes" "No" <u>Yes</u></p> <p>Date of Birth <u>July 9th 1920</u></p> <p><b>FATHER</b> Full name <u>Thomas William Fitzmorris</u>    Age last birthday <u>42</u> Usual residence <u>Windsor</u> Racial origin <u>Dutch</u>    Birth-place <u>Ontario</u> Trade or Profession <u>Blind Sign Painter</u> Kind of industry or business in which employed <u>Condensed Milk</u></p> <p><b>MOTHER</b> Full maiden name <u>Lilly May Cole</u>    Age last birthday <u>38</u> Usual residence <u>Windsor</u> Racial origin <u>English</u>    Birth-place <u>Ontario</u> Number of children including this one: living <u>6</u>    dead <u>0</u>    Still-born <u>0</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>Mrs W. Fitzmorris</u> Address <u>Windsor</u> Name of Physician in attendance <u>Dr. Furlong</u> Did physician give notice of this birth? <u>Yes</u>    Date of receipt by D. R. <u>July 9/20</u></p>	<p>County <u>Alford</u> Municipality <u>Windsor</u></p> <p>Street and Number <u>Victoria St. Windsor</u> <small>(If in hospital, give name instead of street)</small></p> <p>Surname <u>Osling</u></p> <p>Given names in full <u>Norah Leona</u></p> <p>Sex <u>F</u> (M. or F.)    Twin or Triplet <u>-</u>    Was child born alive <u>Yes</u>    Legitimate "Yes" "No" <u>Yes</u></p> <p>Date of Birth <u>July 13th 1920</u></p> <p><b>FATHER</b> Full name <u>Robert James Osling</u>    Age last birthday <u>30</u> Usual residence <u>Windsor</u> Racial origin <u>English</u>    Birth-place <u>Ontario</u> Trade or Profession <u>Smith Finisher</u> Kind of industry or business in which employed <u>Farming</u></p> <p><b>MOTHER</b> Full maiden name <u>Ella Bertha Brown</u>    Age last birthday <u>30</u> Usual residence <u>Windsor</u> Racial origin <u>American</u>    Birth-place <u>Michigan</u> Number of children including this one: living <u>3</u>    dead <u>6</u>    Still-born <u>2</u> Occupation, if other than household duties <u>None</u></p> <p>Name of Informant <u>Robert James Osling</u> Address <u>Windsor</u> Name of Physician in attendance <u>Dr. Furlong</u> Did physician give notice of this birth? <u>Yes</u>    Date of receipt by D. R. <u>July 13/20</u></p>	<p>County <u>Alford</u> Municipality <u>Windsor</u></p> <p>Street and Number <u>Victoria St. Windsor</u> <small>(If in hospital, give name instead of street)</small></p> <p>Surname <u>Burke</u></p> <p>Given names in full <u>Myrtle Dorothy</u></p> <p>Sex <u>F</u> (M. or F.)    Twin or Triplet <u>-</u>    Was child born alive <u>Yes</u>    Legitimate "Yes" "No" <u>Yes</u></p> <p>Date of Birth <u>July 12th 1920</u></p> <p><b>FATHER</b> Full name <u>Henry C. Burke</u>    Age last birthday <u>21</u> Usual residence <u>Windsor</u> Racial origin <u>Scottish</u>    Birth-place <u>Ontario</u> Trade or Profession <u>None</u> Kind of industry or business in which employed <u>Railway Employee</u></p> <p><b>MOTHER</b> Full maiden name <u>Olive Myrtle Campbell</u>    Age last birthday <u>19</u> Usual residence <u>Windsor</u> Racial origin <u>Scottish</u>    Birth-place <u>Ontario</u> Number of children including this one: living <u>1</u>    dead <u>0</u>    Still-born <u>0</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>Mrs Hela Burke</u> Address <u>Windsor</u> Name of Physician in attendance <u>Dr. Coulter</u> Did physician give notice of this birth? <u>Yes</u>    Date of receipt by D. R. <u>July 12/20</u></p>	

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1920

W. J. Smith    D. R.

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

James cowan walker, daniel walker cowan, blanch buchanan, george tennessee marsh, rose tencia, edna mayfred clark, albert cown clark, luella kennedy, james william collins, wilhelmina davidson, george lawlor, alfred harold bloor, frances mary vigrass, rose barton, ernest barton, etha-haley

County of Offord Division of Ingersoll

County Offord Municipality Ingersoll

No. 1 County Offord Municipality Ingersoll

Street and Number or Con. and Lot Albert St. Ingersoll  
(If in hospital, give name instead of street)

Surname Walker

Given names in full Lawson David Walker

Sex M (M. or F.) Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" Yes

Date of Birth July 12th 1920

FATHER: Full name Lawson David Walker Usual residence Arvola Sask. Age last birthday 32 Racial origin Irish Birth-place Ontario Trade or Profession Bam Manger Kind of industry or business in which employed Banking

MOTHER: Full maiden name Blanch Buchanan Usual residence Arvola Sask. Age last birthday 29 Racial origin Irish Birth-place Ontario Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties None

Name of Informant L. D. Walker Address Arvola Sask. Name of Physician in attendance Dr. Cameron Did physician give notice of this birth? Yes Date of receipt by D. R. July 13/20

Street and Number or Con. and Lot Centerbury St. Ingersoll  
(If in hospital, give name instead of street)

Surname Clark

Given names in full Edna Mayfred

Sex M (M. or F.) Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" Yes

Date of Birth July 19th 1920

FATHER: Full name Albert Hiram Clark Usual residence Ingersoll Age last birthday 42 Racial origin English Birth-place England Trade or Profession Driver Kind of industry or business in which employed grocery

MOTHER: Full maiden name Edna Louella Kennedy Usual residence Ingersoll Age last birthday 31 Racial origin English Birth-place W. York Number of children including this one living 5 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant A. G. Clark Address Ingersoll Name of Physician in attendance Dr. Cameron Did physician give notice of this birth? Yes Date of receipt by D. R. July 19/20

Street and Number or Con. and Lot King St. Ingersoll  
(If in hospital, give name instead of street)

Surname Bevan

Given names in full George Lawrence

Sex M (M. or F.) Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" Yes

Date of Birth July 19th 1920

FATHER: Full name Alfred Donald Bevan Usual residence Ingersoll Age last birthday 38 Racial origin English Birth-place Ingersoll Trade or Profession Printer Kind of industry or business in which employed Printing

MOTHER: Full maiden name Frances Mary Vigrass Usual residence Ingersoll Age last birthday 28 Racial origin English Birth-place Ontario Number of children including this one living 3 dead 0 Still-born 0 Occupation, if other than household duties None

Name of Informant O. H. Bevan Address Ingersoll Name of Physician in attendance Dr. Williams Did physician give notice of this birth? Yes Date of receipt by D. R. July 19/20

No. 4 County Offord Municipality Ingersoll

Street and Number or Con. and Lot Ball St. Ingersoll  
(If in hospital, give name instead of street)

Surname Marsh

Given names in full Sumner

Sex M (M. or F.) Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" Yes

Date of Birth Mar 9th 1920

FATHER: Full name Sumner Marsh Usual residence Ingersoll Age last birthday 48 Racial origin Russian Birth-place Russia Trade or Profession laborer Kind of industry or business in which employed Meat packing

MOTHER: Full maiden name Rosie Francis Usual residence Ingersoll Age last birthday 30 Racial origin Russian Birth-place Russia Number of children including this one living 7 dead 1 Still-born 0 Occupation, if other than household duties -

Name of Informant Sumner Marsh Address Ingersoll Name of Physician in attendance Dr. Cameron Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 9/20

No. 5 County Offord Municipality Ingersoll

Street and Number or Con. and Lot Victoria St. Ingersoll  
(If in hospital, give name instead of street)

Surname Collins

Given names in full James William

Sex M (M. or F.) Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" Yes

Date of Birth July 14th 1920

FATHER: Full name William Hannah Collins Usual residence Ingersoll Age last birthday 37 Racial origin Scottish Birth-place Scotland Trade or Profession laborer Kind of industry or business in which employed farming

MOTHER: Full maiden name Wilhelmina Davidson Usual residence Ingersoll Age last birthday 31 Racial origin Scottish Birth-place Aberdeen Number of children including this one living 3 dead 0 Still-born 0 Occupation, if other than household duties None

Name of Informant William H. Collins Address Ingersoll Name of Physician in attendance Dr. Cameron Did physician give notice of this birth? Yes Date of receipt by D. R. July 19/20

No. 6 County Offord Municipality Ingersoll

Street and Number or Con. and Lot King St. Ingersoll  
(If in hospital, give name instead of street)

Surname Barton

Given names in full Rose

Sex M (M. or F.) Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" Yes

Date of Birth Mar 14th 1920

FATHER: Full name Ernest Barton Usual residence Ingersoll Age last birthday 39 Racial origin English Birth-place Ontario Trade or Profession Cheese Maker Kind of industry or business in which employed -

MOTHER: Full maiden name Mary Ella Haley Usual residence Ingersoll Age last birthday 28 Racial origin English Birth-place Quebec Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Ernest Barton Address Ingersoll Name of Physician in attendance Dr. Cameron Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 14/20

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of March 1920

W. A. Smith D. R.  
Address Ingersoll



# BIRTHS

Agnes spittal, thomas spittal, dorothy annie wright, margie helen mcdougall, william alexander mcdougall, violet annie phipps, helen audrey jean wright, george reginald charles wright, mildred alice thompson, janet louise borrowman, robert mcclaren borrowman, grace edna manning, marguerite earlona hossack, earl elwood hossack, alma price, jean elizabeth jewhurst, david john jewhurst, daisy may roddy

County of Algona

Division of Singerssee

No. <u>4</u>		No. <u>9</u>	
County <u>Algona</u> Municipality <u>Singerssee</u> Street and Number <u>Amos St Singerssee</u> or Con. and Lot (If in hospital, give name instead of street)		County <u>Algona</u> Municipality <u>Singerssee</u> Street and Number <u>Amos St Singerssee</u> or Con. and Lot (If in hospital, give name instead of street)	
Surname <u>Spittal</u>		Surname <u>Blight</u>	
Given names in full <u>James R Spittal</u>		Given names in full <u>George Raymond Charles Blight</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>No</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>No</u>	
Date of Birth <u>July 29th 1920</u>		Date of Birth <u>Mar 28th 1920</u>	
Full name <u>James R Spittal</u> Age last birthday <u>24</u>		Full name <u>George Raymond Charles Blight</u> Age last birthday <u>14</u>	
Usual residence <u>Singerssee</u>		Usual residence <u>Singerssee</u>	
Racial origin <u>Scotch</u> Birth-place <u>Scotland</u>		Racial origin <u>English</u> Birth-place <u>Canada</u>	
Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>Nut Works</u>		Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>File Works</u>	
Full maiden name <u>Dorothy Annie Blight</u>		Full maiden name <u>Mildred Alice Thompson</u>	
Usual residence <u>Singerssee</u> Age last birthday <u>24</u>		Usual residence <u>Singerssee</u> Age last birthday <u>20</u>	
Racial origin <u>English</u> Birth-place <u>Singerssee</u>		Racial origin <u>English</u> Birth-place <u>Ontario</u>	
Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>none</u>	
Name of Informant <u>J. R. Spittal</u>		Name of Informant <u>B. R. C. Blight</u>	
Address <u>Singerssee</u>		Address <u>Singerssee</u>	
Name of Physician in attendance <u>D. Macdonald</u>		Name of Physician in attendance <u>D. Macdonald</u>	
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 29/20</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Mar 28/20</u>	
No. <u>10</u>		No. <u>2</u>	
County <u>Algona</u> Municipality <u>Singerssee</u> Street and Number <u>Hall St Singerssee</u> or Con. and Lot (If in hospital, give name instead of street)		County <u>Algona</u> Municipality <u>Singerssee</u> Street and Number <u>Mitchell St Singerssee</u> or Con. and Lot (If in hospital, give name instead of street)	
Surname <u>McDougal</u>		Surname <u>Feuchtmal</u>	
Given names in full <u>Margerie Helen</u>		Given names in full <u>Jean Elizabeth</u>	
Sex (M. or F.) <u>F</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>No</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>No</u>	
Date of Birth <u>Mar 12th 1920</u>		Date of Birth <u>Mar 23rd 1920</u>	
Full name <u>William Alexander McDougal</u> Age last birthday <u>20</u>		Full name <u>David John Feuchtmal</u> Age last birthday <u>23</u>	
Usual residence <u>Singerssee</u>		Usual residence <u>Windsor</u>	
Racial origin <u>Scotch</u> Birth-place <u>Ontario</u>		Racial origin <u>English</u> Birth-place <u>Singerssee</u>	
Trade or Profession <u>Merchant</u> Kind of industry or business in which employed <u>Brocery</u>		Trade or Profession <u>Bookkeeper</u> Kind of industry or business in which employed <u>Painting</u>	
Full maiden name <u>Violet Annie Phipps</u>		Full maiden name <u>Daisy May Roddy</u>	
Usual residence <u>Singerssee</u> Age last birthday <u>20</u>		Usual residence <u>Windsor</u> Age last birthday <u>20</u>	
Racial origin <u>Irish</u> Birth-place <u>Ireland</u>		Racial origin <u>English</u> Birth-place <u>Singerssee</u>	
Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>none</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>W. A. McDougal</u>		Name of Informant <u>R. M. Beverman</u>	
Address <u>Singerssee</u>		Address <u>Singerssee</u>	
Name of Physician in attendance <u>D. Macdonald</u>		Name of Physician in attendance <u>D. Macdonald</u>	
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Mar 2/20</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Mar 23/20</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of March 1920

W. A. Beverman D.R.



# BIRTHS

James franklin houghton, james joseph houghton, nellie johnston barrow, oracles colin kimberley, fred angus kimberley, myrtle irene furtney, richard shecter, nymian shecter, ruby gurofsky

County of Alford

Division of Suzeraine

No. 1		No. 2		No. 3	
County <u>Alford</u> Municipality <u>Suzeraine</u>		County <u>Alford</u> Municipality <u>Suzeraine</u>		County <u>Alford</u> Municipality <u>Suzeraine</u>	
Street and Number <u>Alexandra Hoopline</u> or Con. and Lot <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Alexandra Hoopline</u> or Con. and Lot <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Shannon St.</u> or Con. and Lot <small>(If in hospital, give name instead of street)</small>	
Surname <u>Houghton</u>		Surname <u>Kimberley</u>		Surname <u>Shecter</u>	
Given names in full <u>James Joseph</u>		Given names in full <u>Charles Calvin</u>		Given names in full <u>Richard</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>-</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>-</u>
Date of Birth <u>Apr 24th 1920</u>		Date of Birth <u>Mar 29th 1920</u>		Date of Birth <u>May 5th 1920</u>	
FATHER: Full name <u>James Joseph Houghton</u>		FATHER: Full name <u>Ed Angus Kimberley</u>		FATHER: Full name <u>Rayman Shecter</u>	
Usual residence <u>Suzeraine</u>		Usual residence <u>S. Thomas</u>		Usual residence <u>Suzeraine</u>	
Racial origin <u>English</u>		Racial origin <u>English Scotch</u>		Racial origin <u>Russian</u>	
Trade or Profession <u>Wholesale</u>		Trade or Profession <u>Ry. Broker</u>		Trade or Profession <u>Merchant</u>	
Kind of industry or business in which employed <u>Quintine</u>		Kind of industry or business in which employed <u>Railroading</u>		Kind of industry or business in which employed <u>General Store</u>	
Full maiden name <u>Melissa Matlan Barrow</u>		Full maiden name <u>Myrtle Irene Furtney</u>		Full maiden name <u>Ruby Burdick</u>	
Usual residence <u>Suzeraine</u>		Usual residence <u>S. Thomas</u>		Usual residence <u>Suzeraine</u>	
Racial origin <u>English</u>		Racial origin <u>English</u>		Racial origin <u>Russian</u>	
Number of children including this one <u>living 2</u>		Number of children including this one <u>living 3</u>		Number of children including this one <u>living 1</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>J. J. Houghton</u>		Name of Informant <u>Myrtle Irene Kimberley</u>		Name of Informant <u>Rayman Shecter</u>	
Address <u>Suzeraine</u>		Address <u>Mc Elgin</u>		Address <u>Suzeraine</u>	
Name of Physician in attendance <u>D. Connel</u>		Name of Physician in attendance <u>D. Furtney</u>		Name of Physician in attendance <u>D. Connel</u>	
Did physician give notice of this birth? <u>Yes</u>		Did physician give notice of this birth? <u>Yes</u>		Did physician give notice of this birth? <u>Yes</u>	
Date of receipt by D. R. <u>May 1/20</u>		Date of receipt by D. R. <u>May 1/20</u>		Date of receipt by D. R. <u>May 6/20</u>	
County <u>Alford</u> Municipality <u>Suzeraine</u>		County <u>Alford</u> Municipality <u>Suzeraine</u>		County <u>Alford</u> Municipality <u>Suzeraine</u>	
Street and Number <u>-</u> or Con. and Lot <small>(If in hospital, give name instead of street)</small>		Street and Number <u>-</u> or Con. and Lot <small>(If in hospital, give name instead of street)</small>		Street and Number <u>-</u> or Con. and Lot <small>(If in hospital, give name instead of street)</small>	
Surname <u>-</u>		Surname <u>-</u>		Surname <u>-</u>	
Given names in full <u>-</u>		Given names in full <u>-</u>		Given names in full <u>-</u>	
Sex (M. or F.) <u>-</u>	Twin or Triplet <u>-</u>	Was child born alive? <u>-</u>	Legitimate "Yes" or "No" <u>-</u>	Sex (M. or F.) <u>-</u>	Twin or Triplet <u>-</u>
Date of Birth <u>-</u>		Date of Birth <u>-</u>		Date of Birth <u>-</u>	
FATHER: Full name <u>-</u>		FATHER: Full name <u>-</u>		FATHER: Full name <u>-</u>	
Usual residence <u>-</u>		Usual residence <u>-</u>		Usual residence <u>-</u>	
Racial origin <u>-</u>		Racial origin <u>-</u>		Racial origin <u>-</u>	
Trade or Profession <u>-</u>		Trade or Profession <u>-</u>		Trade or Profession <u>-</u>	
Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>	
Full maiden name <u>-</u>		Full maiden name <u>-</u>		Full maiden name <u>-</u>	
Usual residence <u>-</u>		Usual residence <u>-</u>		Usual residence <u>-</u>	
Racial origin <u>-</u>		Racial origin <u>-</u>		Racial origin <u>-</u>	
Number of children including this one <u>-</u>		Number of children including this one <u>-</u>		Number of children including this one <u>-</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>-</u>		Name of Informant <u>-</u>		Name of Informant <u>-</u>	
Address <u>-</u>		Address <u>-</u>		Address <u>-</u>	
Name of Physician in attendance <u>-</u>		Name of Physician in attendance <u>-</u>		Name of Physician in attendance <u>-</u>	
Did physician give notice of this birth? <u>-</u>		Did physician give notice of this birth? <u>-</u>		Did physician give notice of this birth? <u>-</u>	
Date of receipt by D. R. <u>-</u>		Date of receipt by D. R. <u>-</u>		Date of receipt by D. R. <u>-</u>	

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I hereby certify that the above are correct registrations of Births filed with me during the month of \_\_\_\_\_ 19\_\_\_\_\_

D. R.

Address \_\_\_\_\_



# BIRTHS

Laura dunn, fred williamson, fred robert williamson, laura dunn, roy dunn, mckee, fred mckee, vera mcmillan, james franklin houghton, james joseph houghton, nellie johnston barrow, helen brompton, harold brompton, haggah wilson.

County of Offord

Division of Ingersoll

No. 1

County Offord Municipality Ingersoll  
 Street and Number Alexandra Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Williamson

Given names in full Laura Ruth

Sex M (M. or F.) 2 Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" -

Date of Birth Mar 22nd 1920

FATHER: Full name Fred Robert Williamson Age last birthday 27  
 Usual residence West Offord  
 Racial origin English Birth-place Ontario  
 OCCUPATION: Trade or Profession Farmer  
 Kind of industry or business in which employed Farming

MOTHER: Full maiden name Laura Dunn Age last birthday 27  
 Usual residence West Offord  
 Racial origin Scottish Irish Birth-place Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Fred Robert Williamson  
 Address Ingersoll  
 Name of Physician in attendance Dr. Gurburg  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 29/20

No. 1D

County Offord Municipality Ingersoll  
 Street and Number George Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Mckee

Given names in full Ray Abraham

Sex M (M. or F.) 1 Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" -

Date of Birth Apr 26th 1920

FATHER: Full name Fred B. McKee Age last birthday 26  
 Usual residence Ingersoll  
 Racial origin English Birth-place Ontario  
 OCCUPATION: Trade or Profession Tram Finisher  
 Kind of industry or business in which employed Tram Maker

MOTHER: Full maiden name Ada O. McMillan Age last birthday 23  
 Usual residence Ingersoll  
 Racial origin English Birth-place Ontario  
 Number of children including this one living 2 dead 1 Still-born 0  
 Occupation, if other than household duties none

Name of Informant Fred B. McKee  
 Address Ingersoll  
 Name of Physician in attendance Dr. Cameron  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 30/20

No. 1

County Offord Municipality Ingersoll  
 Street and Number Alexandra Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Houghton

Given names in full James Franklin

Sex M (M. or F.) 1 Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" -

Date of Birth Apr 29th 1920

FATHER: Full name James Frank Houghton Age last birthday 25  
 Usual residence Ingersoll  
 Racial origin English Birth-place Ingersoll  
 OCCUPATION: Trade or Profession Alphabetic  
 Kind of industry or business in which employed Printure

MOTHER: Full maiden name Mellie Johnston Barrow Age last birthday 24  
 Usual residence Ingersoll  
 Racial origin English Birth-place Ingersoll  
 Number of children including this one living 2 dead 1 Still-born 0  
 Occupation, if other than household duties -

Name of Informant J. Houghton  
 Address Ingersoll  
 Name of Physician in attendance Dr. Carnish  
 Did physician give notice of this birth? Yes Date of receipt by D. R. May 1/20

No. 2

County Offord Municipality Ingersoll  
 Street and Number Alexandra Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Kimberley

Given names in full Charles Colin

Sex M (M. or F.) 1 Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" -

Date of Birth Mar 29th 1920

FATHER: Full name Fred Angus Kimberley Age last birthday 26  
 Usual residence St. Thomas  
 Racial origin English Scotch Birth-place Cleveland  
 OCCUPATION: Trade or Profession Ry. brakeman  
 Kind of industry or business in which employed Railroading

MOTHER: Full maiden name Myrtle Irene Spillney Age last birthday 25  
 Usual residence St. Thomas  
 Racial origin English Birth-place Ontario  
 Number of children including this one living 5 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Myrtle Irene Kimberley  
 Address Mr. Elgin  
 Name of Physician in attendance Dr. Gurburg  
 Did physician give notice of this birth? Yes Date of receipt by D. R. May 1/20

No. 3

County Offord Municipality Ingersoll  
 Street and Number Thomas Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Sheeter

Given names in full Richard

Sex M (M. or F.) 1 Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" -

Date of Birth May 5th 1920

FATHER: Full name Rayman Sheeter Age last birthday 25  
 Usual residence Ingersoll  
 Racial origin Russian Birth-place Russia  
 OCCUPATION: Trade or Profession Merchant  
 Kind of industry or business in which employed General Store

MOTHER: Full maiden name Ruby Smolatzky Age last birthday 21  
 Usual residence Ingersoll  
 Racial origin Russian Birth-place Russia  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Rayman Sheeter  
 Address Ingersoll  
 Name of Physician in attendance Dr. Cameron  
 Did physician give notice of this birth? Yes Date of receipt by D. R. May 6/20

No. 4

County Offord Municipality Ingersoll  
 Street and Number Alexandra Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Brampton

Given names in full Heleen

Sex F (M. or F.) 1 Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" -

Date of Birth Apr 29th 1920

FATHER: Full name Harold Brampton Age last birthday 27  
 Usual residence Ingersoll  
 Racial origin English Birth-place England  
 OCCUPATION: Trade or Profession Butcher  
 Kind of industry or business in which employed Baking Co

MOTHER: Full maiden name Samah Wilson Age last birthday 33  
 Usual residence Ingersoll  
 Racial origin English Birth-place England  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant M. MacDougal  
 Address Ingersoll  
 Name of Physician in attendance Dr. Macdonald  
 Did physician give notice of this birth? Yes Date of receipt by D. R. May 1/20

I hereby certify that the above are correct registrations of Births filed with me during the month of May 1920

W. B. Smith D. R.

Address Ingersoll

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# BIRTHS

Ronald arthur stanley, arthur wilkinson stanley, midred jean stanley, irene Evelyn ball, frank ball, mary goff, eugene paul mackenzie, john henry mackenzie, cora melinda harris, john howard fuller, herbert charles fuller, annie wright, elizabeth cadman, watsom cadman, cora mckibbin, james nicholas arnup, samuel crasin arnup, viola leone card.

County of Alfred

Division of Surgery

No. 3

County Alfred Municipality Sagersae  
 Street and Number Alexandra Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Stanley  
 Given names in full Ronald Arthur  
 Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" No

Date of Birth Apr 4th 1920

**FATHER**  
 Full name Arthur Wilkinson Stanley Age last birthday 29  
 Usual residence Sagersae  
 Racial origin English Birth-place England  
 Trade or Profession Mechanical  
 Kind of industry or business in which employed -

**MOTHER**  
 Full maiden name Mildred Jean Ball Age last birthday 21  
 Usual residence Sagersae  
 Racial origin English Birth-place Sagersae  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant A. L. Hedges  
 Address Sagersae  
 Name of Physician in attendance Dr. Cameron  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 4/20

No. 4

No. 4

County Alfred Municipality Sagersae  
 Street and Number Alexandra Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Mackenzie  
 Given names in full Eugene Paul  
 Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" No

Date of Birth Apr 16th 1920

**FATHER**  
 Full name John Henry Mackenzie Age last birthday 30  
 Usual residence Sagersae  
 Racial origin Canadian Birth-place Sagersae  
 Trade or Profession Embroiderer  
 Kind of industry or business in which employed Underclothing

**MOTHER**  
 Full maiden name Corla Melinda Harris Age last birthday 30  
 Usual residence Sagersae  
 Racial origin Canadian Birth-place Alfred Co  
 Number of children including this one living 1 dead 0 Still-born 1  
 Occupation, if other than household duties -

Name of Informant J. H. Mackenzie  
 Address Sagersae  
 Name of Physician in attendance Dr. Rogers  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 17/20

No. 5

No. 5

County Alfred Municipality Sagersae  
 Street and Number Alexandra Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Cadman  
 Given names in full Elizabeth  
 Sex (M. or F.) F Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" No

Date of Birth Apr 15th 1920

**FATHER**  
 Full name Watson Cadman Age last birthday -  
 Usual residence Deceased  
 Racial origin Canadian Birth-place -  
 Trade or Profession -  
 Kind of industry or business in which employed -

**MOTHER**  
 Full maiden name Corla McKibbin Age last birthday 24  
 Usual residence Mr. Elgin  
 Racial origin Canadian Birth-place Mr. Elgin  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant A. L. Hedges, Nurse  
 Address Sagersae  
 Name of Physician in attendance Dr. Rogers  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 17/20

No. 6

No. 6

County Alfred Municipality Sagersae  
 Street and Number Alexandra Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Ball  
 Given names in full Frank W. Ball  
 Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" No

Date of Birth Apr 14th 1920

**FATHER**  
 Full name Frank W. Ball Age last birthday 29  
 Usual residence Sagersae  
 Racial origin English Birth-place Ontario  
 Trade or Profession Farmer  
 Kind of industry or business in which employed Farming

**MOTHER**  
 Full maiden name Mary Ball Age last birthday 24  
 Usual residence Sagersae  
 Racial origin English Birth-place Ontario  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant A. L. Hedges  
 Address Sagersae  
 Name of Physician in attendance Dr. Cameron  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 20/20

No. 7

County Alfred Municipality Sagersae  
 Street and Number Charles St.  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Fuller  
 Given names in full Herbert Charles  
 Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" No

Date of Birth Mar 22nd 1920

**FATHER**  
 Full name Herbert Charles Fuller Age last birthday 33  
 Usual residence Sagersae  
 Racial origin English Birth-place England  
 Trade or Profession Carpenter  
 Kind of industry or business in which employed Millwright

**MOTHER**  
 Full maiden name Annie Blight Age last birthday 33  
 Usual residence Sagersae  
 Racial origin English Birth-place England  
 Number of children including this one living 6 dead 1 Still-born 0  
 Occupation, if other than household duties None

Name of Informant Annie Fuller  
 Address Sagersae  
 Name of Physician in attendance Dr. Cameron  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 23/20

No. 8

County Alfred Municipality Sagersae  
 Street and Number Will St.  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Arnup  
 Given names in full Samuel Nicholas  
 Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" No

Date of Birth Apr 2nd 1920

**FATHER**  
 Full name Samuel Crasin Arnup Age last birthday 46  
 Usual residence Sagersae  
 Racial origin English Birth-place Ontario  
 Trade or Profession Telegraph Operator  
 Kind of industry or business in which employed Railway

**MOTHER**  
 Full maiden name Viola Beane Card Age last birthday 25  
 Usual residence Sagersae  
 Racial origin British Birth-place Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant S. L. Arnup  
 Address Sagersae  
 Name of Physician in attendance Dr. Rogers  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 26/20

I hereby certify that the above are correct registrations of Births filed with me during the month of Apr 1920

W. D. Smith D. R.  
 Address Sagersae

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

Helen pauline purphree, earl thomas purphree, kathleen young, jeannette isabella mason, george harris mason, irene may mcduggall, william bragg, glady's may wilkinson, doris irene simpson, george simpson, sarah isabel noble, leroy george sutton, george william sutton, george richard walker, clifford waterhouse, gordon king, lillian marjorie

County of Alford

Division of Births

THIS SPACE TO BE RESERVED FOR BINDING

No. 5

County Alford Municipality Singersale  
 Street and Number Alford Street  
 or Con. and Lot (If in hospital, give name last and first)  
 Surname Humphreys  
 Given names in full Sean Thomas Humphreys  
 Sex M (M. or F.) Twin or Triplet - Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Apr 14th 1920

**FATHER**  
 Full name Earl Thomas Humphreys Age last birthday 23  
 Usual residence Singersale  
 Racial origin English Birth-place London  
 Occupation Mechanic  
 Kind of industry or business in which employed Savages

**MOTHER**  
 Full maiden name Kathleen Young Age last birthday 19  
 Usual residence Singersale  
 Racial origin English Birth-place Singersale  
 Number of children including this one living 1 dead 1 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Mrs E. J. Humphreys  
 Address Singersale  
 Name of Physician in attendance Dr. Carnish  
 Did physician give notice of this birth? Yes Date of receipt by D. R. May 11/20

No. 6

County Alford Municipality Singersale  
 Street and Number Alford Street  
 or Con. and Lot (If in hospital, give name last and first)  
 Surname Bragg  
 Given names in full William Bragg  
 Sex M (M. or F.) Twin or Triplet - Was child born alive? No Legitimate "Yes" or "No" No  
 Date of Birth May 10th 1920

**FATHER**  
 Full name William Bragg Age last birthday 27  
 Usual residence Singersale  
 Racial origin Canadian Birth-place Ottawa  
 Occupation Labourer  
 Kind of industry or business in which employed Mineral

**MOTHER**  
 Full maiden name Glady's May Wilkinson Age last birthday 22  
 Usual residence Singersale  
 Racial origin English Birth-place Weymouth  
 Number of children including this one living 0 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Wm Bragg  
 Address Singersale  
 Name of Physician in attendance Dr. Carnish  
 Did physician give notice of this birth? Yes Date of receipt by D. R. May 10/20

No. 7

County Alford Municipality Singersale  
 Street and Number Meriton St  
 or Con. and Lot (If in hospital, give name last and first)  
 Surname Sutton  
 Given names in full Leroy George  
 Sex M (M. or F.) Twin or Triplet - Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth May 9th 1920

**FATHER**  
 Full name George William Sutton Age last birthday 28  
 Usual residence Carlton  
 Racial origin Irish Birth-place Wexford  
 Occupation Labourer  
 Kind of industry or business in which employed Timber Industry

**MOTHER**  
 Full maiden name Kathleen Walker Age last birthday 19  
 Usual residence Carlton  
 Racial origin Irish Birth-place Ottawa  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Mrs James Walker  
 Address Singersale  
 Name of Physician in attendance Dr. Carnish  
 Did physician give notice of this birth? Yes Date of receipt by D. R. May 12/20

No. 8

County Alford Municipality Singersale  
 Street and Number Alford Street  
 or Con. and Lot (If in hospital, give name last and first)  
 Surname Mason  
 Given names in full Janette Isabella  
 Sex F (M. or F.) Twin or Triplet - Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Apr 24th 1920

**FATHER**  
 Full name George Harris Mason Age last birthday 36  
 Usual residence Singersale  
 Racial origin English Birth-place Ottawa  
 Occupation Electric Manager  
 Kind of industry or business in which employed Power & Electric

**MOTHER**  
 Full maiden name Irene May Mcduggall Age last birthday 31  
 Usual residence Singersale  
 Racial origin Irish Birth-place Ottawa  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Earl Mason  
 Address Singersale  
 Name of Physician in attendance Dr. Carnish  
 Did physician give notice of this birth? No Date of receipt by D. R. May 12/20

No. 9

County Alford Municipality Singersale  
 Street and Number Alford Street  
 or Con. and Lot (If in hospital, give name last and first)  
 Surname Simpson  
 Given names in full Doris Irene  
 Sex F (M. or F.) Twin or Triplet - Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Apr 23rd 1920

**FATHER**  
 Full name George Simpson Age last birthday 42  
 Usual residence Singersale  
 Racial origin English Birth-place Dunham  
 Occupation Fireman  
 Kind of industry or business in which employed Coaching Co.

**MOTHER**  
 Full maiden name Sarah Isabel Noble Age last birthday 39  
 Usual residence Singersale  
 Racial origin English Birth-place Wexford  
 Number of children including this one living 4 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant George Simpson  
 Address Singersale  
 Name of Physician in attendance Dr. Carnish  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 27/20

No. 10

County Alford Municipality Singersale  
 Street and Number Meriton Street  
 or Con. and Lot (If in hospital, give name last and first)  
 Surname King  
 Given names in full Clifford Waterhouse  
 Sex M (M. or F.) Twin or Triplet - Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth May 2nd 1920

**FATHER**  
 Full name Clifford Waterhouse Age last birthday 19  
 Usual residence Singersale  
 Racial origin Canadian Birth-place Singersale  
 Occupation Upholsterer  
 Kind of industry or business in which employed 11

**MOTHER**  
 Full maiden name Lillian Mary King Age last birthday 19  
 Usual residence Singersale  
 Racial origin English Birth-place Weymouth  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties Priddy Operater

Name of Informant Mrs Emily King  
 Address Singersale  
 Name of Physician in attendance Dr. Macdonald  
 Did physician give notice of this birth? Yes Date of receipt by D. R. May 12/20

I hereby certify that the above are correct registrations of Births filed with me during the month of May 1920  
 Signature W. J. Smith D. R.  
 Address Singersale



# BIRTHS

Minnie may drake, mckendre joseph drake, pearl viola dunn, gordon william allsop, leo william allsop, beatrice maud westwood, vera jean lafford, richard lafford, margaret may robinson, frances joseph wylie, george herbert wylie, lottie bart burr, mildred mary payne, gordon james payne, mary marie douglas, john angelo copazzo, carmine copassa, beatrice clark

County of Alford

Division of Seymour

No. 11		No. 12		No. 13	
County <u>Alford</u> Municipality <u>Seymour</u>		County <u>Alford</u> Municipality <u>Seymour</u>		County <u>Alford</u> Municipality <u>Seymour</u>	
Street and Number <u>Waverly Street</u> or Con. and Lot <u>12</u>		Street and Number <u>Waverly Street</u> or Con. and Lot <u>12</u>		Street and Number <u>Waverly Street</u> or Con. and Lot <u>12</u>	
Surname <u>Drake</u>		Surname <u>Hartford</u>		Surname <u>Payne</u>	
Given names in full <u>Minnie May</u>		Given names in full <u>Mildred Mary</u>		Given names in full <u>Mildred Mary</u>	
Sex (M. or F.) <u>F</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>	
Date of Birth <u>May 2nd 1920</u>		Date of Birth <u>Apr 23rd 1920</u>		Date of Birth <u>Apr 20th 1920</u>	
FATHER: Full name <u>Walter Joseph Drake</u> Usual residence <u>Seymour</u> Racial origin <u>English</u> Birth-place <u>Wales</u> Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>Farming</u>		FATHER: Full name <u>Richard Hartford</u> Usual residence <u>Seymour</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>Gas Co.</u>		FATHER: Full name <u>Harold James Payne</u> Usual residence <u>Seymour</u> Racial origin <u>Canadian</u> Birth-place <u>Seymour</u> Trade or Profession <u>Clerk</u> Kind of industry or business in which employed <u>Furniture</u>	
MOTHER: Full maiden name <u>Charlesida Dunn</u> Usual residence <u>Seymour</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Margaret May Robinson</u> Usual residence <u>Seymour</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Mary Marie Douglas</u> Usual residence <u>Seymour</u> Racial origin <u>Canadian</u> Birth-place <u>Seymour</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>None</u>	
Name of Informant <u>Mary McKeon (Mrs)</u> Address <u>Seymour</u> Name of Physician in attendance <u>D. Burling</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 15/20</u>		Name of Informant <u>Mrs Richard Hartford</u> Address <u>Seymour</u> Name of Physician in attendance <u>D. Burling</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 17/20</u>		Name of Informant <u>Harold J Payne</u> Address <u>Seymour</u> Name of Physician in attendance <u>D. Carnish</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Apr 20</u>	
County <u>Alford</u> Municipality <u>Seymour</u>		County <u>Alford</u> Municipality <u>Seymour</u>		County <u>Alford</u> Municipality <u>Seymour</u>	
Street and Number <u>Waverly Street</u> or Con. and Lot <u>12</u>		Street and Number <u>Waverly Street</u> or Con. and Lot <u>12</u>		Street and Number <u>Waverly Street</u> or Con. and Lot <u>12</u>	
Surname <u>Alsop</u>		Surname <u>Wylie</u>		Surname <u>Copazzo</u>	
Given names in full <u>London William</u>		Given names in full <u>Frances Joseph</u>		Given names in full <u>John Carmine</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>	
Date of Birth <u>Apr 23rd 1920</u>		Date of Birth <u>Apr 26th 1920</u>		Date of Birth <u>May 19th 1920</u>	
FATHER: Full name <u>Geo William Alsop</u> Usual residence <u>Seymour</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>Shoe Making</u>		FATHER: Full name <u>George Herbert Wylie</u> Usual residence <u>Seymour</u> Racial origin <u>Irish Canadian</u> Birth-place <u>Ontario</u> Trade or Profession <u>Sailor</u> Kind of industry or business in which employed <u>Cleaning Pressing</u>		FATHER: Full name <u>Carmine Copazzo</u> Usual residence <u>Seymour</u> Racial origin <u>Italian</u> Birth-place <u>Italy</u> Trade or Profession <u>Barber</u> Kind of industry or business in which employed <u>Barbering</u>	
MOTHER: Full maiden name <u>Beatrice Maud Westwood</u> Usual residence <u>Seymour</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Hattie Bart</u> Usual residence <u>Seymour</u> Racial origin <u>Irish Canadian</u> Birth-place <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Beatrice Clark</u> Usual residence <u>Seymour</u> Racial origin <u>Irish Canadian</u> Birth-place <u>Woodstock</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>L. W. Alsop</u> Address <u>Seymour</u> Name of Physician in attendance <u>D. Carnish</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Apr 29/20</u>		Name of Informant <u>Geo Herbert Wylie</u> Address <u>Seymour</u> Name of Physician in attendance <u>D. Burling</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Apr 27/20</u>		Name of Informant <u>Carmine Copazzo</u> Address <u>Seymour</u> Name of Physician in attendance <u>D. Carnish</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 19/20</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of May 1920

W. A. Smith D. R.

Address Seymour



# BIRTHS

Margaret ruth miller, william ewart gladstone moon, berthia glays mills sidney alexander routledge, arthur william routledge, beatrice maud underwood, rose elsie elliot, edgar elliot, rose jones, leo david manzer wesley emerson manzer, sarah alberta smith, albert anson simmons, anne earl simmons, hazel irene burge, gordon edwin ledgley, alfred ledgley, frederick ledgley.

County of Offord

Division of Registrar General

No. 7	No. 8	No. 9
County <u>Offord</u> Municipality <u>Sagersae</u>	County <u>Offord</u> Municipality <u>Sagersae</u>	County <u>Offord</u> Municipality <u>Sagersae</u>
Street and Number or Con. and Lot <u>Alexandra Street</u>	Street and Number or Con. and Lot <u>Alexandra Street</u>	Street and Number or Con. and Lot <u>Alexandra Street</u>
Surname <u>Moore</u>	Surname <u>Elliott</u>	Surname <u>Simmons</u>
Given names in full <u>Margaret Ruth</u>	Given names in full <u>Rose Elsie</u>	Given names in full <u>Albert Anson</u>
Sex (M. or F.) <u>F</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>F</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>May 28th 1920</u>	Date of Birth <u>June 14th 1920</u>	Date of Birth <u>May 9th 1920</u>
FATHER: Full name <u>William Ewart Gladstone Moore</u> Usual residence <u>Sagersae</u> Age last birthday <u>27</u> Racial origin <u>English</u> Birth place <u>Sagersae</u> OCCUPATION: Trade or Profession <u>Insurance Agent</u> Kind of industry or business in which employed <u>Life Insurance</u>	FATHER: Full name <u>Edgar Elliott</u> Usual residence <u>Sagersae</u> Age last birthday <u>38</u> Racial origin <u>Irish</u> Birth place <u>Sagersae</u> OCCUPATION: Trade or Profession <u>Banker</u> Kind of industry or business in which employed <u>Banking</u>	FATHER: Full name <u>Anson Earl Simmons</u> Usual residence <u>Bulman</u> Age last birthday <u>24</u> Racial origin <u>English</u> Birth place <u>Ontario</u> OCCUPATION: Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>Farming</u>
MOTHER: Full maiden name <u>Bertha Gladys Mills</u> Usual residence <u>Sagersae</u> Age last birthday <u>23</u> Racial origin <u>English</u> Birth place <u>Ontario</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER: Full maiden name <u>Rose Jones</u> Usual residence <u>Sagersae</u> Age last birthday <u>44</u> Racial origin <u>English</u> Birth place <u>England</u> Number of children including this one living <u>0</u> dead <u>1</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER: Full maiden name <u>Hazel Irene Burge</u> Usual residence <u>Bulman</u> Age last birthday <u>22</u> Racial origin <u>Dutch</u> Birth place <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>
Name of Informant <u>Mrs Bertha Gladys Moore</u> Address <u>Sagersae</u> Name of Physician in attendance <u>Dr. Cameron</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 24/20</u>	Name of Informant <u>H. Ferguson</u> Address <u>Sagersae</u> Name of Physician in attendance <u>Dr. Ferguson</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 15/20</u>	Name of Informant <u>Al Simmons</u> Address <u>Bulman</u> Name of Physician in attendance <u>Dr. William Macdonald</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 22/20</u>
No. 10	No. 11	No. 12
County <u>Offord</u> Municipality <u>Sagersae</u>	County <u>Offord</u> Municipality <u>Sagersae</u>	County <u>Offord</u> Municipality <u>Underhill</u>
Street and Number or Con. and Lot <u>Charles Street</u>	Street and Number or Con. and Lot <u>Henry Street</u>	Street and Number or Con. and Lot <u>Meritt Street</u>
Surname <u>Routledge</u>	Surname <u>Manzer</u>	Surname <u>Ledgley</u>
Given names in full <u>Sidney Alexander</u>	Given names in full <u>Leo David</u>	Given names in full <u>Gordon Edwin</u>
Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>June 12th 1920</u>	Date of Birth <u>May 22nd 1920</u>	Date of Birth <u>June 13th 1920</u>
FATHER: Full name <u>Arthur William Routledge</u> Usual residence <u>Sagersae</u> Age last birthday <u>24</u> Racial origin <u>English</u> Birth place <u>England</u> OCCUPATION: Trade or Profession <u>Express Man</u> Kind of industry or business in which employed <u>Baking Co.</u>	FATHER: Full name <u>Wesley Emerson Manzer</u> Usual residence <u>Sagersae</u> Age last birthday <u>55</u> Racial origin <u>Canadian</u> Birth place <u>Ontario</u> OCCUPATION: Trade or Profession <u>Agent</u> Kind of industry or business in which employed <u>Auto Salesman</u>	FATHER: Full name <u>Alfred Ledgley</u> Usual residence <u>Sagersae</u> Age last birthday <u>42</u> Racial origin <u>English</u> Birth place <u>England</u> OCCUPATION: Trade or Profession <u>Barber</u> Kind of industry or business in which employed <u>-</u>
MOTHER: Full maiden name <u>Beatrice Maud Underwood</u> Usual residence <u>Sagersae</u> Age last birthday <u>25</u> Racial origin <u>English</u> Birth place <u>England</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER: Full maiden name <u>Sarah Alberta Smith</u> Usual residence <u>Sagersae</u> Age last birthday <u>40</u> Racial origin <u>Canadian</u> Birth place <u>Ontario</u> Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>none</u>	MOTHER: Full maiden name <u>Helena Doe</u> Usual residence <u>Sagersae</u> Age last birthday <u>44</u> Racial origin <u>English</u> Birth place <u>England</u> Number of children including this one living <u>7</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>
Name of Informant <u>Mrs. A. W. Routledge</u> Address <u>Sagersae</u> Name of Physician in attendance <u>Dr. Cameron</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 12/20</u>	Name of Informant <u>Mrs. Roseman</u> Address <u>Sagersae</u> Name of Physician in attendance <u>Dr. Cameron</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 22/20</u>	Name of Informant <u>Alfred Ledgley</u> Address <u>Sagersae</u> Name of Physician in attendance <u>Dr. Williams</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 13/20</u>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of June 1920

W. B. Smith D. R.

Address Sagersae



# BIRTHS

Margaret Helen Dickson, William Frederick Dickson, Mary Henrietta Jackson, William Harold Wade, Ernest William Wade, Annie Maude Annisson, Laura Frances Gley, Charles Riley, Margaret Ethel May White, Richard Glen Mayberry, Hanley Mayberry, Tiny Tyrrell Meadows, Lily Rosie Goodman, Percy Goodman, Fannie Berger, Mary Ira Scott, James Leifer Scott, Helen Margaret Taylor

County of Ontario Division of North York

No. 1	No. 2	No. 3
County <u>Ontario</u> Municipality <u>Ingersoll</u> Street and Number <u>King Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u> Surname <u>Dickson</u> Given names in full <u>Margaret Helen</u> Sex (M. or F.) <u>F</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u> Date of Birth <u>May 14th 1920</u> Full name <u>William Frederick Dickson</u> Age last birthday <u>20</u> Usual residence <u>Ingersoll</u> Racial origin <u>Canadian</u> Birth-place <u>Windsor</u> Trade or Profession <u>None</u> Kind of industry or business in which employed <u>Machinery</u> Full maiden name <u>Margaret Helen Mayberry</u> Age last birthday <u>21</u> Usual residence <u>Ingersoll</u> Racial origin <u>Canadian</u> Birth-place <u>Ingersoll</u> Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u> Name of Informant <u>Mrs. F. G. Dickson</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>D. Cunningham</u> Did physician give notice of this birth? <u>No</u> Date of receipt by D. R. <u>-</u>	County <u>Ontario</u> Municipality <u>Ingersoll</u> Street and Number <u>Queen Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u> Surname <u>Riley</u> Given names in full <u>Charles W.</u> Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u> Date of Birth <u>May 11th 1920</u> Full name <u>Charles W. Riley</u> Age last birthday <u>34</u> Usual residence <u>Ingersoll</u> Racial origin <u>English</u> Birth-place <u>Canada</u> Trade or Profession <u>None</u> Kind of industry or business in which employed <u>None</u> Full maiden name <u>Margaret Helen Mayberry</u> Age last birthday <u>25</u> Usual residence <u>Ingersoll</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>None</u> Name of Informant <u>Chas. W. Riley</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>D. Carrish</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 2/20</u>	County <u>Ontario</u> Municipality <u>Ingersoll</u> Street and Number <u>Concession Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u> Surname <u>Goodman</u> Given names in full <u>Beryl Rose</u> Sex (M. or F.) <u>F</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u> Date of Birth <u>May 15th 1920</u> Full name <u>Beryl Goodman</u> Age last birthday <u>24</u> Usual residence <u>Ingersoll</u> Racial origin <u>Irish</u> Birth-place <u>Malina</u> Trade or Profession <u>None</u> Kind of industry or business in which employed <u>None</u> Full maiden name <u>Fannie Berger</u> Age last birthday <u>21</u> Usual residence <u>Ingersoll</u> Racial origin <u>Irish</u> Birth-place <u>Malina</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>None</u> Name of Informant <u>Beryl Goodman</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>D. Cunningham</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 15/20</u>
County <u>Ontario</u> Municipality <u>Ingersoll</u> Street and Number <u>Alexandra Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u> Surname <u>Wade</u> Given names in full <u>William Harold</u> Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u> Date of Birth <u>May 22nd 1920</u> Full name <u>Ernest William Wade</u> Age last birthday <u>36</u> Usual residence <u>Ingersoll</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Trade or Profession <u>None</u> Kind of industry or business in which employed <u>Food Industry</u> Full maiden name <u>Annie Maude Annisson</u> Age last birthday <u>23</u> Usual residence <u>Ingersoll</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u> Name of Informant <u>Mrs. Ernest Wade</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>D. Cunningham</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 24/20</u>	County <u>Ontario</u> Municipality <u>Ingersoll</u> Street and Number <u>Alexandra Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u> Surname <u>Mayberry</u> Given names in full <u>Richard Henry</u> Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u> Date of Birth <u>May 26th 1920</u> Full name <u>Richard Henry Mayberry</u> Age last birthday <u>37</u> Usual residence <u>Ingersoll</u> Racial origin <u>English</u> Birth-place <u>Ingersoll</u> Trade or Profession <u>None</u> Kind of industry or business in which employed <u>Farming</u> Full maiden name <u>Simplicity Headless</u> Age last birthday <u>32</u> Usual residence <u>Ingersoll</u> Racial origin <u>English</u> Birth-place <u>United States</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u> Name of Informant <u>Ada C. Headless</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>D. Macquaid</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 26/20</u>	County <u>Ontario</u> Municipality <u>Ingersoll</u> Street and Number <u>Whitcomb Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u> Surname <u>Scott</u> Given names in full <u>James D.</u> Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u> Date of Birth <u>May 17th 1920</u> Full name <u>James Delfer Scott</u> Age last birthday <u>39</u> Usual residence <u>Ingersoll</u> Racial origin <u>Scottish</u> Birth-place <u>Scotland</u> Trade or Profession <u>None</u> Kind of industry or business in which employed <u>Milk Process Condenser</u> Full maiden name <u>Helen McQueen Delfer</u> Age last birthday <u>26</u> Usual residence <u>Ingersoll</u> Racial origin <u>Scottish</u> Birth-place <u>Scotland</u> Number of children including this one living <u>6</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u> Name of Informant <u>James D. Scott</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>D. Carrish</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 17/20</u>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of June 1920

W. A. Smith D. R.  
 Address Ingersoll



name rehad, william rehad, annie mae barker, george grenville winterbottom, john winterbottom, vera kathleen minshall, mabel isabelle murray, james garfield murray, mabel gertrude harris, donald wesley kennedy, joseph wesley kennedy, florence milvina foster, elden vermont hayward, charles hayward, laura hazel petrie, thomas j. petrie, alan george yonson, clara williams

# BIRTHS

Division of *Register*

THIS SPACE TO BE RESERVED FOR BINDING

No. 13

County Alford Municipality Ingersoll

Street and Number King Street or Con. and Lot 10  
(If in hospital, give name instead of street)

Surname Redhead

Given names in full June Marie

Sex (M. or F.) F Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth June 17th 1920

FATHER: Full name William Redhead Age last birthday 27  
Usual residence Detroit  
Racial origin English Birth place Ontario  
OCCUPATION: Trade or Profession Machinist  
Kind of industry or business in which employed Automobile

MOTHER: Full maiden name Annie Mae Barber Age last birthday 27  
Usual residence Detroit  
Racial origin English Birth place Ontario  
Number of children including this one living 2 dead 0 still-born 0  
Occupation, if other than household duties -

Name of Informant William Redhead  
Address Ingersoll  
Name of Physician in attendance Dr. Williams  
Did physician give notice of this birth? Yes Date of receipt by D. R. June 17/20

No. 14

County Alford Municipality Ingersoll

Street and Number Albion Street or Con. and Lot 10  
(If in hospital, give name instead of street)

Surname Murray

Given names in full Mabel Louise

Sex (M. or F.) F Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth May 25th 1920

FATHER: Full name James Leslie Murray Age last birthday 25  
Usual residence Ingersoll  
Racial origin Anglo-Saxon Birth place Canada  
OCCUPATION: Trade or Profession Ch. Surgeon  
Kind of industry or business in which employed -

MOTHER: Full maiden name Mabel Gertrude Harris Age last birthday 29  
Usual residence Ingersoll  
Racial origin Anglo-Saxon Birth place Canada  
Number of children including this one living 4 dead 0 still-born 0  
Occupation, if other than household duties +

Name of Informant Mrs J. L. Murray  
Address Ingersoll  
Name of Physician in attendance Dr. Cornish  
Did physician give notice of this birth? Yes Date of receipt by D. R. May 25/20

No. 15

County Alford Municipality Ingersoll

Street and Number Albion Street or Con. and Lot 10  
(If in hospital, give name instead of street)

Surname Hayward

Given names in full Elden Vermont

Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth June 1st 1920

FATHER: Full name Charles Hayward Age last birthday 23  
Usual residence Ingersoll  
Racial origin Canadian Birth place Michigan  
OCCUPATION: Trade or Profession Machinist  
Kind of industry or business in which employed Screw works

MOTHER: Full maiden name Hanna Hazel Petrie Age last birthday 27  
Usual residence Ingersoll  
Racial origin Canadian Birth place Ingersoll  
Number of children including this one living 1 dead 0 still-born 0  
Occupation, if other than household duties None

Name of Informant Charles Hayward  
Address Ingersoll  
Name of Physician in attendance Dr. Cornish  
Did physician give notice of this birth? Yes Date of receipt by D. R. June 1/20

No. 16

County Alford Municipality Ingersoll

Street and Number Albion Street or Con. and Lot 10  
(If in hospital, give name instead of street)

Surname Winterbottom

Given names in full George Grenville

Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth June 1st 1920

FATHER: Full name John Winterbottom Age last birthday 21  
Usual residence Ingersoll  
Racial origin English Birth place England  
OCCUPATION: Trade or Profession Tool Maker  
Kind of industry or business in which employed Machine

MOTHER: Full maiden name Clara Kathleen Foster Age last birthday 22  
Usual residence Ingersoll  
Racial origin English Birth place Alford Co.  
Number of children including this one living 1 dead 0 still-born 0  
Occupation, if other than household duties None

Name of Informant John Winterbottom  
Address Ingersoll  
Name of Physician in attendance Dr. Rogers  
Did physician give notice of this birth? Yes Date of receipt by D. R. June 2/20

No. 17

County Alford Municipality Ingersoll

Street and Number Albion Street or Con. and Lot 10  
(If in hospital, give name instead of street)

Surname Kennedy

Given names in full Donald Wesley

Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth June 24th 1920

FATHER: Full name Joseph Wesley Kennedy Age last birthday 27  
Usual residence Bagley Corners  
Racial origin English Birth place Ontario  
OCCUPATION: Trade or Profession Farm laborer  
Kind of industry or business in which employed -

MOTHER: Full maiden name Florence Milvina Foster Age last birthday 22  
Usual residence Bagley Corners  
Racial origin English Birth place England  
Number of children including this one living 1 dead 1 still-born 2  
Occupation, if other than household duties -

Name of Informant Ada C. Bagley  
Address Ingersoll  
Name of Physician in attendance Dr. Cornish  
Did physician give notice of this birth? Yes Date of receipt by D. R. June 25/20

No. 18

County Alford Municipality Ingersoll

Street and Number Albion Street or Con. and Lot 10  
(If in hospital, give name instead of street)

Surname Warden

Given names in full Thomas John

Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth June 7th 1920

FATHER: Full name Albion Warden Warden Age last birthday 29  
Usual residence Ingersoll  
Racial origin Canadian Birth place Ontario  
OCCUPATION: Trade or Profession Bookkeeper  
Kind of industry or business in which employed Steel

MOTHER: Full maiden name Clara Williams Age last birthday 25  
Usual residence Ingersoll  
Racial origin Canadian Birth place Maricah  
Number of children including this one living 1 dead 0 still-born 0  
Occupation, if other than household duties None

Name of Informant W. S. Warden  
Address Ingersoll  
Name of Physician in attendance Dr. Cornish  
Did physician give notice of this birth? Yes Date of receipt by D. R. July 9/20

I hereby certify that the above are correct registrations of Births filed with me during the month of June 1920

W. W. Warden D. R.  
Address Ingersoll



# BIRTHS

Donald thomas blackman, herry blackman, margaret mae blackman, james william henderson, robert andrew henderson, phoebe luella allison, claude edward rowland, john thomas edward rowland, henrietta catharine juniper, russell baxter late, walter garfield late lat, jennie brins, john morton, benjamin firth morton, katherine cuthbert, herry alfred chute, alfred chute, mabel elizabeth todd

County of Offord

Division of Sagerssee

No. 2	No. 3	No. 4
County <u>Offord</u> Municipality <u>Sagerssee</u> Street and Number <u>Victoria Street</u> or Con. and Lot <u>(If in hospital, give name last of street)</u>	County <u>Offord</u> Municipality <u>Sagerssee</u> Street and Number <u>Charles Street</u> or Con. and Lot <u>(If in hospital, give name last of street)</u>	County <u>Offord</u> Municipality <u>Sagerssee</u> Street and Number <u>Alford Street</u> or Con. and Lot <u>(If in hospital, give name last of street)</u>
Surname <u>Blackman</u>	Surname <u>Rouland</u>	Surname <u>Marlan</u>
Given names in full <u>Donald Thomas</u>	Given names in full <u>Claude Edward</u>	Given names in full <u>John</u>
Sex (M. or F.) <u>M.</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>	Sex (M. or F.) <u>M.</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>	Sex (M. or F.) <u>M.</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>
Date of Birth <u>June 12th 1920</u>	Date of Birth <u>June 11th 1920</u>	Date of Birth <u>July 2nd 1920</u>
FATHER: Full name <u>Harry Blackman</u> Usual residence <u>Sagerssee</u> Age last birthday <u>37</u> Racial origin <u>British</u> Birth-place <u>England</u> Trade or Profession <u>Wash Barber</u> Kind of industry or business in which employed <u>Barbering Co.</u>	FATHER: Full name <u>John Thomas Edward Rouland</u> Usual residence <u>Sagerssee</u> Age last birthday <u>24</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>-</u>	FATHER: Full name <u>Benjamin Firth Marlan</u> Usual residence <u>Sagerssee</u> Age last birthday <u>30</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>Machine Service</u>
MOTHER: Full maiden name <u>Margaret Mae Blackman</u> Usual residence <u>Sagerssee</u> Age last birthday <u>23</u> Racial origin <u>British</u> Birth-place <u>Canada</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER: Full maiden name <u>Jennie Brins</u> Usual residence <u>Sagerssee</u> Age last birthday <u>27</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER: Full maiden name <u>Katherine Cuthbert</u> Usual residence <u>Sagerssee</u> Age last birthday <u>25</u> Racial origin <u>Scottish</u> Birth-place <u>Scotland</u> Number of children including this one living <u>2</u> dead <u>2</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>
Name of Informant <u>Mr Harry Blackman</u> Address <u>Sagerssee</u> Name of Physician in attendance <u>Dr Maclelland</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 16/20</u>	Name of Informant <u>J. C. Rouland</u> Address <u>Sagerssee</u> Name of Physician in attendance <u>Dr Maclelland</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 16/20</u>	Name of Informant <u>Ben Marlan</u> Address <u>Sagerssee</u> Name of Physician in attendance <u>Dr Connish</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 9/20</u>
County <u>Offord</u> Municipality <u>Sagerssee</u> Street and Number <u>Five Street</u> or Con. and Lot <u>(If in hospital, give name last of street)</u>	County <u>Offord</u> Municipality <u>Sagerssee</u> Street and Number <u>Carl Street</u> or Con. and Lot <u>(If in hospital, give name last of street)</u>	County <u>Offord</u> Municipality <u>Sagerssee</u> Street and Number <u>Wellington Street</u> or Con. and Lot <u>(If in hospital, give name last of street)</u>
Surname <u>Henderson</u>	Surname <u>Late</u>	Surname <u>Chute</u>
Given names in full <u>Robert Andrew</u>	Given names in full <u>Russell Baxter</u>	Given names in full <u>Harry Alfred</u>
Sex (M. or F.) <u>M.</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>	Sex (M. or F.) <u>M.</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>	Sex (M. or F.) <u>M.</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>
Date of Birth <u>June 5th 1920</u>	Date of Birth <u>June 7th 1920</u>	Date of Birth <u>June 27th 1920</u>
FATHER: Full name <u>Robert Andrew Henderson</u> Usual residence <u>Sagerssee</u> Age last birthday <u>26</u> Racial origin <u>Scottish</u> Birth-place <u>England</u> Trade or Profession <u>Club</u> Kind of industry or business in which employed <u>Woollen</u>	FATHER: Full name <u>Walter Garfield Late</u> Usual residence <u>Sagerssee</u> Age last birthday <u>40</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Trade or Profession <u>Merchant</u> Kind of industry or business in which employed <u>Wooling Store</u>	FATHER: Full name <u>Alfred Chute</u> Usual residence <u>Sagerssee</u> Age last birthday <u>21</u> Racial origin <u>Canadian</u> Birth-place <u>Ontario</u> Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>Service</u>
MOTHER: Full maiden name <u>Phoebe Luella Allison</u> Usual residence <u>Sagerssee</u> Age last birthday <u>26</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER: Full maiden name <u>Jennie Brins</u> Usual residence <u>Sagerssee</u> Age last birthday <u>37</u> Racial origin <u>Scottish</u> Birth-place <u>Ontario</u> Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER: Full maiden name <u>Mabel Elizabeth Todd</u> Usual residence <u>Sagerssee</u> Age last birthday <u>20</u> Racial origin <u>Canadian</u> Birth-place <u>Sagerssee</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>
Name of Informant <u>Robert A Henderson</u> Address <u>Sagerssee</u> Name of Physician in attendance <u>Dr Connish</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 9/20</u>	Name of Informant <u>Walter G. Late</u> Address <u>Sagerssee</u> Name of Physician in attendance <u>Dr Rogers</u> Did physician give notice of this birth? <u>No</u> Date of receipt by D. R. <u>-</u>	Name of Informant <u>Alfred Chute</u> Address <u>Sagerssee</u> Name of Physician in attendance <u>Dr Connish</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 27/20</u>

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1920

W. Connish  
 D. R.  
 Address Sagerssee

THIS SPACE TO BE RESERVED FOR BINDING



Many Elizabeth Hall, Harold Geoffrey Hall, Vera Isabel Dean, Gwendolyn Hatcock, Beverly Glenn Hatcock, Belinda Maude Luter, Thomas Hayward, Percy Elford Heyd, Isabel Ellen Bastford, Jean Dorothy Burns, Arthur Roy Burns, Louise Mary Pittman, Florence Ella Durrant, Robert Roy Durrant, Robert Roy Durrant, Helen Elaine Tomson, Glen Earl Tomson, Robert Roy Durrant.

# BIRTHS

Division of Registrars

No. 2		No. 3		No. 4	
County	Alameda	County	Alameda	County	Alameda
Street and Number	14th & Franklin	Street and Number	14th & Franklin	Street and Number	14th & Franklin
<p>Given names in full: <b>Wendy Elizabeth</b></p> <p>Sex (M. or F.): <b>F</b></p> <p>Date of Birth: <b>July 14th 1920</b></p> <p>Place of Birth: <b>Alameda</b></p> <p>Age at last birthday: <b>30</b></p> <p>Legitimacy: <b>legitimate</b></p> <p>Sex of child: <b>born</b></p> <p>Triplet: <b>-</b></p> <p>Other children in household: <b>1</b></p>					
<p><b>FATHER</b></p> <p>Full name: <b>Wendell Eugene</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Business</b></p> <p>Trade or Kind of industry or business in which employed: <b>Business</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>31</b></p>		<p><b>MOTHER</b></p> <p>Full name: <b>Anna Marie</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Domestic</b></p> <p>Trade or Kind of industry or business in which employed: <b>Domestic</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>31</b></p>		<p><b>FATHER</b></p> <p>Full name: <b>Wendell Eugene</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Business</b></p> <p>Trade or Kind of industry or business in which employed: <b>Business</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>31</b></p>	
<p><b>MOTHER</b></p> <p>Full name: <b>Anna Marie</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Domestic</b></p> <p>Trade or Kind of industry or business in which employed: <b>Domestic</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>31</b></p>		<p><b>FATHER</b></p> <p>Full name: <b>Wendell Eugene</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Business</b></p> <p>Trade or Kind of industry or business in which employed: <b>Business</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>31</b></p>		<p><b>FATHER</b></p> <p>Full name: <b>Wendell Eugene</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Business</b></p> <p>Trade or Kind of industry or business in which employed: <b>Business</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>31</b></p>	
County	Alameda	County	Alameda	County	Alameda
Street and Number	14th & Franklin	Street and Number	14th & Franklin	Street and Number	14th & Franklin
<p>Given names in full: <b>John Raymond</b></p> <p>Sex (M. or F.): <b>M</b></p> <p>Date of Birth: <b>July 24th 1920</b></p> <p>Place of Birth: <b>Alameda</b></p> <p>Age at last birthday: <b>33</b></p> <p>Legitimacy: <b>legitimate</b></p> <p>Sex of child: <b>born</b></p> <p>Triplet: <b>-</b></p> <p>Other children in household: <b>1</b></p>					
<p><b>FATHER</b></p> <p>Full name: <b>John Raymond</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Business</b></p> <p>Trade or Kind of industry or business in which employed: <b>Business</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>33</b></p>		<p><b>MOTHER</b></p> <p>Full name: <b>Anna Marie</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Domestic</b></p> <p>Trade or Kind of industry or business in which employed: <b>Domestic</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>32</b></p>		<p><b>FATHER</b></p> <p>Full name: <b>John Raymond</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Business</b></p> <p>Trade or Kind of industry or business in which employed: <b>Business</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>33</b></p>	
<p><b>MOTHER</b></p> <p>Full name: <b>Anna Marie</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Domestic</b></p> <p>Trade or Kind of industry or business in which employed: <b>Domestic</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>32</b></p>		<p><b>FATHER</b></p> <p>Full name: <b>John Raymond</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Business</b></p> <p>Trade or Kind of industry or business in which employed: <b>Business</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>33</b></p>		<p><b>FATHER</b></p> <p>Full name: <b>John Raymond</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Business</b></p> <p>Trade or Kind of industry or business in which employed: <b>Business</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>33</b></p>	
County	Alameda	County	Alameda	County	Alameda
Street and Number	14th & Franklin	Street and Number	14th & Franklin	Street and Number	14th & Franklin
<p>Given names in full: <b>William Eugene</b></p> <p>Sex (M. or F.): <b>M</b></p> <p>Date of Birth: <b>July 31st 1920</b></p> <p>Place of Birth: <b>Alameda</b></p> <p>Age at last birthday: <b>24</b></p> <p>Legitimacy: <b>legitimate</b></p> <p>Sex of child: <b>born</b></p> <p>Triplet: <b>-</b></p> <p>Other children in household: <b>1</b></p>					
<p><b>FATHER</b></p> <p>Full name: <b>William Eugene</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Business</b></p> <p>Trade or Kind of industry or business in which employed: <b>Business</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>24</b></p>		<p><b>MOTHER</b></p> <p>Full name: <b>Anna Marie</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Domestic</b></p> <p>Trade or Kind of industry or business in which employed: <b>Domestic</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>32</b></p>		<p><b>FATHER</b></p> <p>Full name: <b>William Eugene</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Business</b></p> <p>Trade or Kind of industry or business in which employed: <b>Business</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>24</b></p>	
<p><b>MOTHER</b></p> <p>Full name: <b>Anna Marie</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Domestic</b></p> <p>Trade or Kind of industry or business in which employed: <b>Domestic</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>32</b></p>		<p><b>FATHER</b></p> <p>Full name: <b>William Eugene</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Business</b></p> <p>Trade or Kind of industry or business in which employed: <b>Business</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>24</b></p>		<p><b>FATHER</b></p> <p>Full name: <b>William Eugene</b></p> <p>Usual residence: <b>Alameda</b></p> <p>Racial origin: <b>Caucasian</b></p> <p>Profession: <b>Business</b></p> <p>Trade or Kind of industry or business in which employed: <b>Business</b></p> <p>Birth place: <b>Alameda</b></p> <p>Age at last birthday: <b>24</b></p>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of **August** 19**20**

Address: **Alameda** D. R.



# BIRTHS

Edna victoria linthwaite, george linthwaite, florence emma linthwaite, george stanley baines, basil baines, may henrietta such serch, jessie alexandra bodwell, oswald reginald bodwell, ruby bella smith, margaret white, charles cyril white, myrtle may noe, joseph thomas kirwin, leo james kirwin, mary adelaide hennessy, jean elizabeth turner, george william turner, gertrude emma perry

County of Alford

Division of Virginia

No. 5

County Alford Municipality Virginia  
 Street and Number Albert Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Linthwaite

Given names in full Edna Victoria

Sex (M. or F.) F Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth May 24th 1920

FATHER: Full name Edwin George Linthwaite Usual residence Virginia Age last birthday 44  
 Racial origin English Birth-place England  
 OCCUPATION: Trade or Profession Whitman  
 Kind of industry or business in which employed -

MOTHER: Full maiden name Florence Emma Linthwaite Usual residence Virginia Age last birthday 36  
 Racial origin English Birth-place England  
 Number of children including this one living 7 dead 1 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Mrs. E. B. Linthwaite  
 Address Virginia  
 Name of Physician in attendance Dr. Cornish  
 Did physician give notice of this birth? Yes Date of receipt by D. R. May 25/20

No. 1

County Alford Municipality Virginia  
 Street and Number Alexandra Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Bodwell

Given names in full Joseph Alexander

Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth June 17th 1920

FATHER: Full name Oswald Reginald Bodwell Usual residence Norwich Age last birthday 37  
 Racial origin English Birth-place Virginia  
 OCCUPATION: Trade or Profession Farmer  
 Kind of industry or business in which employed farming

MOTHER: Full maiden name Ruby Bella Smith Usual residence Norwich Age last birthday 36  
 Racial origin English Birth-place Belgium  
 Number of children including this one living 7 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Mrs. O. B. Bodwell  
 Address Norwich  
 Name of Physician in attendance Dr. Bellair  
 Did physician give notice of this birth? Yes Date of receipt by D. R. June 17/20

No. 10

County Alford Municipality Virginia  
 Street and Number Albert Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Kirwin

Given names in full Joseph Thomas

Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth June 24th 1920

FATHER: Full name Leo James Kirwin Usual residence Virginia Age last birthday 25  
 Racial origin Irish Birth-place Belgium  
 OCCUPATION: Trade or Profession Operator  
 Kind of industry or business in which employed Telegraph

MOTHER: Full maiden name Mary Adelaide Hennessy Usual residence Virginia Age last birthday 26  
 Racial origin Irish Birth-place England  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Leo James Kirwin  
 Address Virginia  
 Name of Physician in attendance Dr. Bellair  
 Did physician give notice of this birth? Yes Date of receipt by D. R. June 24/20

No. 11

County Alford Municipality Virginia  
 Street and Number Althorpe Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Baines

Given names in full George Stanley

Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth July 5th 1920

FATHER: Full name Basil Baines Usual residence Virginia Age last birthday 26  
 Racial origin English Birth-place England  
 OCCUPATION: Trade or Profession Machinist  
 Kind of industry or business in which employed free work

MOTHER: Full maiden name May Henrietta Such Usual residence Virginia Age last birthday 29  
 Racial origin English Birth-place England  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Eden Baines  
 Address Virginia  
 Name of Physician in attendance Dr. Bellair  
 Did physician give notice of this birth? Yes Date of receipt by D. R. July 5/20

No. 12

County Alford Municipality Virginia  
 Street and Number Alexandra Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname White

Given names in full Margaret

Sex (M. or F.) F Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth July 21st 1920

FATHER: Full name Charles Cyril White Usual residence Virginia Age last birthday 26  
 Racial origin English Birth-place England  
 OCCUPATION: Trade or Profession Machinist  
 Kind of industry or business in which employed -

MOTHER: Full maiden name Myrtle May Noe Usual residence Virginia Age last birthday 29  
 Racial origin English Birth-place England  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Charles Cyril White  
 Address Virginia  
 Name of Physician in attendance Dr. Bellair  
 Did physician give notice of this birth? Yes Date of receipt by D. R. July 21/20

No. 1

County Alford Municipality Virginia  
 Street and Number Alexandra Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Turner

Given names in full Jean Elizabeth

Sex (M. or F.) F Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth July 23rd 1920

FATHER: Full name George William Turner Usual residence Salford R.P. 1 Age last birthday 39  
 Racial origin English Birth-place England  
 OCCUPATION: Trade or Profession Farmer  
 Kind of industry or business in which employed farming

MOTHER: Full maiden name Gertrude Emma Perry Usual residence Salford R.P. 1 Age last birthday 31  
 Racial origin English Birth-place England  
 Number of children including this one living 0 dead 2 Still-born 0  
 Occupation, if other than household duties Household duties

Name of Informant Geo. W. Turner  
 Address Salford R.P. No 1  
 Name of Physician in attendance Dr. Cornish  
 Did physician give notice of this birth? Yes Date of receipt by D. R. July 24/20

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1920

Address Virginia D. R.

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

County of Jefferson

Division of Registration

Alexander victor wallace, james wallace, annie burton, agnes ellean james clinton smith, mary kathleen pickard, margaret nicholson, bert william nicholson, edith annie clark, robert king chesterman, charles frederick chesterman, cora irene anderson, helene susan ellis, frederick charles ellis, anna henrietta gonerman, phyllis fern margaret owen, horace ray owen, lillian margaret turner

THIS SPACE TO BE RESERVED FOR BINDING

No. <u>14</u>	
County <u>Jefferson</u> Municipality <u>Ingersoll</u>	
Street and Number <u>Alexander Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u>	
Surname <u>Wallace</u>	
Given names in full <u>Alexander Victor</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>Aug 14th 1920</u>	
FATHER: Full name <u>James Wallace</u> Usual residence <u>Ingersoll</u> Age last birthday <u>42</u> Racial origin <u>English</u> Birth place <u>England</u> Trade or Profession <u>Rich Layer</u> Kind of industry or business in which employed <u>-</u>	
MOTHER: Full maiden name <u>Annie Burlace</u> Usual residence <u>Ingersoll</u> Age last birthday <u>36</u> Racial origin <u>English</u> Birth place <u>England</u> Number of children including this one living <u>6</u> dead <u>2</u> Still-born <u>1</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Mrs James Wallace</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. McDonald</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Aug 14/20</u>	
County <u>Jefferson</u> Municipality <u>Ingersoll</u> Street and Number <u>Jefferson Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u>	
Surname <u>Smith</u>	
Given names in full <u>James Clinton</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>Aug 12th 1920</u>	
FATHER: Full name <u>James Clinton Smith</u> Usual residence <u>Ingersoll</u> Age last birthday <u>29</u> Racial origin <u>English</u> Birth place <u>Ingersoll</u> Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>Screw Factory</u>	
MOTHER: Full maiden name <u>Mary Kathleen Pickard</u> Usual residence <u>Ingersoll</u> Age last birthday <u>27</u> Racial origin <u>English</u> Birth place <u>Scotland</u> Number of children including this one living <u>5</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>None</u>	
Name of Informant <u>Mrs J. C. Smith</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Burlace</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Aug 12/20</u>	

No. <u>15</u>	
County <u>Jefferson</u> Municipality <u>Ingersoll</u>	
Street and Number <u>Charles Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u>	
Surname <u>Nicholson</u>	
Given names in full <u>Margaret</u>	
Sex (M. or F.) <u>F</u>	Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>Aug 2nd 1920</u>	
FATHER: Full name <u>Barth William Nicholson</u> Usual residence <u>Ingersoll</u> Age last birthday <u>30</u> Racial origin <u>English</u> Birth place <u>England</u> Trade or Profession <u>hatter</u> Kind of industry or business in which employed <u>Milk Co.</u>	
MOTHER: Full maiden name <u>Edith Annie Clark</u> Usual residence <u>Ingersoll</u> Age last birthday <u>29</u> Racial origin <u>English</u> Birth place <u>England</u> Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>None</u>	
Name of Informant <u>B. W. Nichol</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Williams</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Aug 2/20</u>	
County <u>Jefferson</u> Municipality <u>Ingersoll</u> Street and Number <u>Wellington Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u>	
Surname <u>Chesterman</u>	
Given names in full <u>Robert King</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>Aug 5th 1920</u>	
FATHER: Full name <u>Charles Frederic Chesterman</u> Usual residence <u>Ingersoll</u> Age last birthday <u>30</u> Racial origin <u>Orleston</u> Birth place <u>Wales</u> Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>Impinent</u>	
MOTHER: Full maiden name <u>Cora Irene Anderson</u> Usual residence <u>Ingersoll</u> Age last birthday <u>27</u> Racial origin <u>Orleston</u> Birth place <u>Ingersoll</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>None</u>	
Name of Informant <u>C. F. Chesterman</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Rogers</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Aug 6/20</u>	

No. <u>16</u>	
County <u>Jefferson</u> Municipality <u>Ingersoll</u>	
Street and Number <u>Mill Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u>	
Surname <u>Ellis</u>	
Given names in full <u>Helene Susan</u>	
Sex (M. or F.) <u>F</u>	Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>July 24th 1920</u>	
FATHER: Full name <u>Fredrick Charles Ellis</u> Usual residence <u>Ingersoll</u> Age last birthday <u>30</u> Racial origin <u>Scotch</u> Birth place <u>Wales</u> Trade or Profession <u>Chauffer</u> Kind of industry or business in which employed <u>Baking Co.</u>	
MOTHER: Full maiden name <u>Anna Minnie Gonerman</u> Usual residence <u>Ingersoll</u> Age last birthday <u>24</u> Racial origin <u>German</u> Birth place <u>Wales</u> Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Fredrick C. Ellis</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Furlberg</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 24/20</u>	
County <u>Jefferson</u> Municipality <u>Ingersoll</u> Street and Number <u>Mill Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u>	
Surname <u>Owen</u>	
Given names in full <u>Phyllis Fern Margaret</u>	
Sex (M. or F.) <u>F</u>	Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>Aug 10th 1920</u>	
FATHER: Full name <u>Harold Roy Owen</u> Usual residence <u>Ingersoll</u> Age last birthday <u>29</u> Racial origin <u>English</u> Birth place <u>England</u> Trade or Profession <u>Butcher</u> Kind of industry or business in which employed <u>Baking Co.</u>	
MOTHER: Full maiden name <u>Lillian Margaret Turner</u> Usual residence <u>Ingersoll</u> Age last birthday <u>23</u> Racial origin <u>Canadian</u> Birth place <u>Canada</u> Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Mrs H. R. Owen</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Burlace</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Aug 10/20</u>	

I hereby certify that the above are correct registrations of Births filed with me during the month of Sept 1920

W. A. Smith, D. R.

Address Ingersoll



# BIRTHS

James copland, mary shields, hazel yvonne peltrie, harry james peltrie, vera blanch mare empey, robert arthur lacombe, harry frederick lacombe, anna helena mcmillan, roy earl george bowman, edwin earl bowman, mildred stuart henderson, lorne bailey smith, alfred charles smith, lena may keyes, norman haynes, walter haynes, kathleen roach.

County of Offord Division of Ingersoll

No. <u>6</u>	No. <u>9</u>	No. <u>10</u>
County <u>Offord</u> Municipality <u>Ingersoll</u>	County <u>Offord</u> Municipality <u>Ingersoll</u>	County <u>Offord</u> Municipality <u>Ingersoll</u>
Street and Number <u>Victoria Street</u> or Con. and Lot	Street and Number <u>Victoria Street</u> or Con. and Lot	Street and Number <u>John Street</u> or Con. and Lot
Surname <u>Copeland</u>	Surname <u>Keacumbe</u>	Surname <u>Smith</u>
Given names in full <u>James</u>	Given names in full <u>Robert Arthur</u>	Given names in full <u>Norman Bailey</u>
Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>Aug 4th 1920</u>	Date of Birth <u>July 14th 1920</u>	Date of Birth <u>July 18th 1920</u>
FATHER: Full name <u>James Copeland</u> Usual residence <u>Ingersoll</u> Age last birthday <u>31</u> Racial origin <u>Scottish</u> Birth place <u>Scotland</u> Occupation <u>Labourer</u>	FATHER: Full name <u>Robert Arthur Keacumbe</u> Usual residence <u>Ingersoll</u> Age last birthday <u>32</u> Racial origin <u>Scandinavian</u> Birth place <u>Sweden</u> Occupation <u>Printer</u>	FATHER: Full name <u>Alfred Thomas Smith</u> Usual residence <u>Ingersoll</u> Age last birthday <u>33</u> Racial origin <u>English</u> Birth place <u>Ingersoll</u> Occupation <u>Printer</u>
MOTHER: Full maiden name <u>Mary Shields</u> Usual residence <u>Ingersoll</u> Age last birthday <u>33</u> Racial origin <u>Scottish</u> Birth place <u>Scotland</u> Number of children including this one living <u>3</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>None</u>	MOTHER: Full maiden name <u>Anna Helena McMillan</u> Usual residence <u>Ingersoll</u> Age last birthday <u>33</u> Racial origin <u>Scottish</u> Birth place <u>Ingersoll</u> Number of children including this one living <u>4</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>None</u>	MOTHER: Full maiden name <u>Lena May Keyes</u> Usual residence <u>Ingersoll</u> Age last birthday <u>28</u> Racial origin <u>English</u> Birth place <u>Scotland</u> Number of children including this one living <u>4</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>None</u>
Name of Informant <u>James Copeland</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Furlong</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Aug 14/20</u>	Name of Informant <u>Harry J. Keacumbe</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Williamson</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 14/20</u>	Name of Informant <u>Lena May Smith</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Furlong</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 14/20</u>
No. <u>11</u>	No. <u>12</u>	No. <u>13</u>
County <u>Offord</u> Municipality <u>Ingersoll</u>	County <u>Offord</u> Municipality <u>Ingersoll</u>	County <u>Offord</u> Municipality <u>Ingersoll</u>
Street and Number <u>Alma Street</u> or Con. and Lot	Street and Number <u>Warren Street</u> or Con. and Lot	Street and Number <u>James Street</u> or Con. and Lot
Surname <u>Betrie</u>	Surname <u>Bowman</u>	Surname <u>Haynes</u>
Given names in full <u>Hazel Yvonne</u>	Given names in full <u>Roy Earl George</u>	Given names in full <u>Norman</u>
Sex (M. or F.) <u>F</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>Aug 3rd 1920</u>	Date of Birth <u>Aug 2nd 1920</u>	Date of Birth <u>July 31st 1920</u>
FATHER: Full name <u>Harry James Betrie</u> Usual residence <u>Ingersoll</u> Age last birthday <u>26</u> Racial origin <u>English</u> Birth place <u>Ingersoll</u> Occupation <u>Mechanical</u>	FATHER: Full name <u>Calvin Earl Bowman</u> Usual residence <u>Carl Dover</u> Age last birthday <u>25</u> Racial origin <u>English</u> Birth place <u>Manich</u> Occupation <u>Printer</u>	FATHER: Full name <u>Walter Haynes</u> Usual residence <u>Ingersoll</u> Age last birthday <u>21</u> Racial origin <u>English</u> Birth place <u>England</u> Occupation <u>Auto Driver</u>
MOTHER: Full maiden name <u>Vera Blanch Marie Empey</u> Usual residence <u>Ingersoll</u> Age last birthday <u>25</u> Racial origin <u>English</u> Birth place <u>Ontario</u> Number of children including this one living <u>3</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>None</u>	MOTHER: Full maiden name <u>Mildred Stuart Henderson</u> Usual residence <u>Carl Dover</u> Age last birthday <u>21</u> Racial origin <u>Scottish</u> Birth place <u>Ingersoll</u> Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>None</u>	MOTHER: Full maiden name <u>Kathleen Roach</u> Usual residence <u>Ingersoll</u> Age last birthday <u>30</u> Racial origin <u>English</u> Birth place <u>England</u> Number of children including this one living <u>4</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>None</u>
Name of Informant <u>Harry James Betrie</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Carrish</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Aug 3/20</u>	Name of Informant <u>E. Earl Bowman</u> Address <u>Carl Dover</u> Name of Physician in attendance <u>Dr. Carrish</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Aug 2/20</u>	Name of Informant <u>Kathleen Haynes</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Macdonald</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 31/20</u>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of August 1920

W.R. Smith D. R.



lery wilson, borace wilfred wilson, margaret ellen, josephine masie cork, reginald cork, ellen mary o'leara, donald lery cook, george cook, mary mclean, harry ellwood reeves, ethel victoria hughes, dorothy cotterell, francis lawrence cotterell, edith annie courtney, constance katie alberta mclean, john albert harold mclean, katie isabella zinck finck

# BIRTHS

County of Alford

Division of Sagersae

No. 4  
 County Alford Municipality Sagersae  
 Street and Number James St. or Con. and Lot 2  
 (If in hospital, give name instead of street)  
 Surname Wilson  
 Given names in full Maurice Le Roy  
 Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" Yes  
 Date of Birth Aug 14th 1920  
 Full name Thomas Wilfred Wilson Usual residence Sagersae Age last birthday 36  
 Racial origin Irish Birth place Sagersae  
 Trade or Profession Farmer  
 Kind of industry or business in which employed -  
 Full maiden name Margaret Ellen Usual residence Sagersae Age last birthday 27  
 Racial origin English Birth place Sagersae  
 Number of children including this one living 2 dead 1 Still-born 0  
 Occupation, if other than household duties None  
 Name of Informant Thomas Wilson  
 Address Sagersae  
 Name of Physician in attendance Dr. Courteney  
 Did physician give notice of this birth? No Date of receipt by D. R. -

No. 5  
 County Alford Municipality Sagersae  
 Street and Number James St. or Con. and Lot 2  
 (If in hospital, give name instead of street)  
 Surname Cook  
 Given names in full Donald Le Roy  
 Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" Yes  
 Date of Birth Aug 14th 1920  
 Full name George Cook Usual residence Sagersae Age last birthday 35  
 Racial origin Scottish Birth place Scotland  
 Trade or Profession Machine  
 Kind of industry or business in which employed Screw Works  
 Full maiden name Mary McKeon Usual residence Sagersae Age last birthday 29  
 Racial origin Scottish Birth place Scotland  
 Number of children including this one living 2 dead 1 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant George Cook  
 Address Sagersae  
 Name of Physician in attendance Dr. Courteney  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 25/20

No. 6  
 County Alford Municipality Sagersae  
 Street and Number James St. or Con. and Lot 2  
 (If in hospital, give name instead of street)  
 Surname Catterell  
 Given names in full Dorothy  
 Sex (M. or F.) F Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" Yes  
 Date of Birth Aug 14th 1920  
 Full name Ann Lawrence Catterell Usual residence Sagersae Age last birthday 34  
 Racial origin English Birth place England  
 Trade or Profession Seamster  
 Kind of industry or business in which employed General  
 Full maiden name Edith Annie Courtney Usual residence Sagersae Age last birthday 38  
 Racial origin English Birth place England  
 Number of children including this one living 5 dead 0 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant J. H. Catterell  
 Address Sagersae  
 Name of Physician in attendance Dr. Courteney  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 25/20

No. 7  
 County Alford Municipality Sagersae  
 Street and Number James St. or Con. and Lot 2  
 (If in hospital, give name instead of street)  
 Surname Carke  
 Given names in full Josephine Marie  
 Sex (M. or F.) F Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" Yes  
 Date of Birth Sept 5th 1920  
 Full name Reginald Carke Usual residence Sagersae Age last birthday 31  
 Racial origin English Birth place England  
 Trade or Profession Carpenter  
 Kind of industry or business in which employed -  
 Full maiden name Ellen Mary McKeon Usual residence Sagersae Age last birthday 30  
 Racial origin Irish Birth place Sagersae  
 Number of children including this one living 5 dead 0 Still-born 0  
 Occupation, if other than household duties None  
 Name of Informant R. Carke  
 Address Sagersae  
 Name of Physician in attendance Dr. Courteney  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Sept 5/20

No. 8  
 County Alford Municipality Sagersae  
 Street and Number Albion Road or Con. and Lot 1  
 (If in hospital, give name instead of street)  
 Surname Reeves  
 Given names in full Harry E. Reeves  
 Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" Yes  
 Date of Birth Aug 20th 1920  
 Full name Harry Reeves Usual residence West Alford Age last birthday 24  
 Racial origin English Birth place England  
 Trade or Profession Farmer  
 Kind of industry or business in which employed Farming  
 Full maiden name Ethel Victoria Hughes Usual residence West Alford Age last birthday 19  
 Racial origin Canadian Birth place Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant Harry Reeves  
 Address Sagersae  
 Name of Physician in attendance Dr. Courteney  
 Did physician give notice of this birth? No Date of receipt by D. R. -

No. 9  
 County Alford Municipality Sagersae  
 Street and Number Albion Road or Con. and Lot 1  
 (If in hospital, give name instead of street)  
 Surname McKeon  
 Given names in full Constance Katie Alberta  
 Sex (M. or F.) F Twin or Triplet - Was child born alive Yes Legitimate "Yes" Yes or "No" Yes  
 Date of Birth Aug 4th 1920  
 Full name John Albert Harold McKeon Usual residence Aylmer Age last birthday 40  
 Racial origin English Birth place England  
 Trade or Profession Clergyman  
 Kind of industry or business in which employed -  
 Full maiden name Katie Isabella Zinck Usual residence Aylmer Age last birthday 38  
 Racial origin English Birth place England  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant J. H. McKeon  
 Address Aylmer  
 Name of Physician in attendance Dr. Reeves  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 6/20

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of September 1920

W. D. Smith D. R.

Address Sagersae



# BIRTHS

See Florence Birman, James H. Man, eye cutting, smd. lly weeks, patience rene worstenhouse, timothy w. smith, roy donald miners, chester roy mcdair, leona furtney, robert mckee, benjamin mckillen, rachel hallam, edward john lewis, charles ernest lewis, sarah dora dante

County of Alford Division of Ingersoll

County Alford Municipality Ingersoll

No. 12  
County Alford Municipality Ingersoll  
Street and Number Thames St.  
or Con. and Lot (If in hospital, give name last of street)

Surname Kielman  
Given names in full Beryl Margaret  
Sex (M. or F.) F Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes  
Date of Birth Aug 19th 1920  
Full name James Kielman Age last birthday 20  
Usual residence Ingersoll  
Racial origin English Birth-place Canada  
FATHER: Trade or Profession Boysing Kind of industry or business in which employed Life Making  
Full maiden name Eve Sumner Age last birthday 20  
Usual residence Ingersoll  
Racial origin English Birth-place Ingersoll  
MOTHER: Number of children including this one living 2 dead 0 Still-born 0  
Occupation, if other than household duties None

Surname Uhlstenholme  
Given names in full Ernest  
Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes  
Date of Birth Aug 29th 1920  
Full name Ernest Uhlstenholme Age last birthday 26  
Usual residence Ingersoll  
Racial origin English Birth-place England  
FATHER: Trade or Profession Mechanical Kind of industry or business in which employed -  
Full maiden name Annice Rogers Age last birthday 27  
Usual residence Ingersoll  
Racial origin English Birth-place England  
MOTHER: Number of children including this one living 1 dead 0 Still-born 0  
Occupation, if other than household duties -

Surname McKellen  
Given names in full Robert  
Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes  
Date of Birth Aug 30th 1920  
Full name Benjamin McKellen Age last birthday 41  
Usual residence Ingersoll  
Racial origin Canadian Birth-place Canada  
FATHER: Trade or Profession Labourer Kind of industry or business in which employed -  
Full maiden name Rachel Hallam Age last birthday 33  
Usual residence Ingersoll  
Racial origin Canadian Birth-place Ontario  
MOTHER: Number of children including this one living 6 dead 1 Still-born 2  
Occupation, if other than household duties None

Name of Informant Miss McKay  
Address Ingersoll  
Name of Physician in attendance D. Ferguson  
Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 19/20

Name of Informant Ernest Uhlstenholme  
Address Ingersoll  
Name of Physician in attendance D. Rogers  
Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 29/20

Name of Informant Mrs B McKellen  
Address Ingersoll  
Name of Physician in attendance D. Macdonald  
Did physician give notice of this birth? Yes Date of receipt by D. R. Sept 1/20

No. 2  
County Alford Municipality Ingersoll  
Street and Number Wentworth St.  
or Con. and Lot (If in hospital, give name last of street)

No. 2  
County Alford Municipality Ingersoll  
Street and Number Albion St.  
or Con. and Lot (If in hospital, give name last of street)

No. 3  
County Alford Municipality Ingersoll  
Street and Number Ball St.  
or Con. and Lot (If in hospital, give name last of street)

Surname Smith  
Given names in full Federick  
Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes  
Date of Birth Sept 26th 1920  
Full name Federick Smith Age last birthday 25  
Usual residence Ingersoll  
Racial origin English Birth-place Champton  
FATHER: Trade or Profession Electrician Kind of industry or business in which employed Manan Co.  
Full maiden name Hilley Weeks Age last birthday 25  
Usual residence Ingersoll  
Racial origin English Birth-place England  
MOTHER: Number of children including this one living 1 dead 0 Still-born 0  
Occupation, if other than household duties Cook

Surname Miners  
Given names in full Ray Donald  
Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes  
Date of Birth Sept 19th 1920  
Full name Charles Roy Miners Age last birthday 30  
Usual residence Alford Co.  
Racial origin Canadian Birth-place Wellesley  
FATHER: Trade or Profession Farmer Kind of industry or business in which employed Farming  
Full maiden name Beano Furtney Age last birthday 24  
Usual residence Alford County  
Racial origin Canadian Birth-place Ingersoll  
MOTHER: Number of children including this one living 1 dead - Still-born -  
Occupation, if other than household duties -

Surname Heavis  
Given names in full Charles Ernest  
Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes  
Date of Birth Oct 3rd 1920  
Full name Charles Ernest Heavis Age last birthday 39  
Usual residence Ingersoll  
Racial origin English Birth-place England  
FATHER: Trade or Profession File Letter Kind of industry or business in which employed Cement  
Full maiden name Sarah Dora Age last birthday 25  
Usual residence Ingersoll  
Racial origin English Birth-place England  
MOTHER: Number of children including this one living 1 dead 0 Still-born 0  
Occupation, if other than household duties -

Name of Informant Federick Smith  
Address Ingersoll  
Name of Physician in attendance D. Ferguson  
Did physician give notice of this birth? Yes Date of receipt by D. R. Sept 26/20

Name of Informant Eda C. Badger  
Address Ingersoll  
Name of Physician in attendance D. Williams  
Did physician give notice of this birth? Yes Date of receipt by D. R. Sept 19/20

Name of Informant Mrs Thomas Young  
Address Ingersoll  
Name of Physician in attendance D. Rogers  
Did physician give notice of this birth? Yes Date of receipt by D. R. Oct 3/20

I hereby certify that the above are correct registrations of Births filed with me during the month of October 1920

W. B. Smith D. R.

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

County of Alameda

Division of San Francisco

No. <u>12</u>	No. <u>13</u>	No. <u>14</u>
County <u>Alameda</u>	County <u>Alameda</u>	County <u>Alameda</u>
Street and Number of Cor. and Lot <u>1000 Broadway</u>	Street and Number of Cor. and Lot <u>1000 Broadway</u>	Street and Number of Cor. and Lot <u>1000 Broadway</u>
Surname <u>Clayton</u>	Surname <u>Jensen</u>	Surname <u>Crabel</u>
Given names in full <u>Marion Elizabeth</u>	Given names in full <u>Marie Jeanne</u>	Given names in full <u>Marie Elizabeth</u>
Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>	Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>	Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>
Date of Birth <u>Oct 2nd 1920</u>	Date of Birth <u>Sept 28th 1920</u>	Date of Birth <u>Sept 30th 1920</u>
Full name <u>Marion Elizabeth Clayton</u>	Full name <u>Marie Jeanne Jensen</u>	Full name <u>Marie Elizabeth Crabel</u>
Usual residence <u>Alameda</u>	Usual residence <u>Alameda</u>	Usual residence <u>Alameda</u>
Racial origin <u>English</u>	Racial origin <u>English</u>	Racial origin <u>English</u>
Trade or Profession <u>Contractor</u>	Trade or Profession <u>Housewife</u>	Trade or Profession <u>Housewife</u>
Kind of industry or business in which employed <u>Building</u>	Kind of industry or business in which employed <u>-</u>	Kind of industry or business in which employed <u>Building</u>
Full maiden name <u>Marie Elizabeth</u>	Full maiden name <u>Marie Elizabeth</u>	Full maiden name <u>Marie Elizabeth</u>
Usual residence <u>Alameda</u> Age last birthday <u>33</u>	Usual residence <u>Alameda</u> Age last birthday <u>29</u>	Usual residence <u>Alameda</u> Age last birthday <u>33</u>
Racial origin <u>English</u> Birth place <u>Ontario</u>	Racial origin <u>English</u> Birth place <u>Alameda</u>	Racial origin <u>English</u> Birth place <u>Ontario</u>
Number of children including this one living <u>3</u> dead <u>0</u> Still born <u>0</u>	Number of children including this one living <u>3</u> dead <u>0</u> Still born <u>0</u>	Number of children including this one living <u>3</u> dead <u>0</u> Still born <u>0</u>
Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>
Name of Informant <u>Marion Clayton</u>	Name of Informant <u>Marie Jensen</u>	Name of Informant <u>Marie Crabel</u>
Address <u>Alameda</u>	Address <u>Alameda</u>	Address <u>Alameda</u>
Name of Physician in attendance <u>Dr. Marshall</u>	Name of Physician in attendance <u>Dr. Marshall</u>	Name of Physician in attendance <u>Dr. Marshall</u>
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Oct 2/20</u>	Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Sept 28/20</u>	Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Sept 30/20</u>
County <u>Alameda</u>	County <u>Alameda</u>	County <u>Alameda</u>
Street and Number of Cor. and Lot <u>1000 Broadway</u>	Street and Number of Cor. and Lot <u>1000 Broadway</u>	Street and Number of Cor. and Lot <u>1000 Broadway</u>
Surname <u>Crabel</u>	Surname <u>Sharp</u>	Surname <u>Crabel</u>
Given names in full <u>Marie Elizabeth</u>	Given names in full <u>Marie Mary</u>	Given names in full <u>Marie Elizabeth</u>
Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>	Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>	Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>
Date of Birth <u>Sept 30th 1920</u>	Date of Birth <u>Oct 13th 1920</u>	Date of Birth <u>Sept 26th 1920</u>
Full name <u>Marie Elizabeth Crabel</u>	Full name <u>Marie Mary Sharp</u>	Full name <u>Marie Elizabeth Crabel</u>
Usual residence <u>Alameda</u> Age last birthday <u>31</u>	Usual residence <u>Alameda</u> Age last birthday <u>27</u>	Usual residence <u>Alameda</u> Age last birthday <u>42</u>
Racial origin <u>English</u> Birth place <u>Alameda</u>	Racial origin <u>Irish</u> Birth place <u>Alameda</u>	Racial origin <u>Canadian</u> Birth place <u>Ontario</u>
Trade or Profession <u>Contractor</u>	Trade or Profession <u>Farmer</u>	Trade or Profession <u>Physician</u>
Kind of industry or business in which employed <u>Building</u>	Kind of industry or business in which employed <u>Farming</u>	Kind of industry or business in which employed <u>-</u>
Full maiden name <u>Marie Elizabeth</u>	Full maiden name <u>Marie Louise Sibley</u>	Full maiden name <u>Katherine Blanche Richardson</u>
Usual residence <u>Alameda</u> Age last birthday <u>35</u>	Usual residence <u>Alameda</u> Age last birthday <u>20</u>	Usual residence <u>Alameda</u> Age last birthday <u>37</u>
Racial origin <u>English</u> Birth place <u>Ontario</u>	Racial origin <u>English</u> Birth place <u>England</u>	Racial origin <u>Canadian</u> Birth place <u>Ontario</u>
Number of children including this one living <u>3</u> dead <u>0</u> Still born <u>0</u>	Number of children including this one living <u>1</u> dead <u>0</u> Still born <u>0</u>	Number of children including this one living <u>3</u> dead <u>0</u> Still born <u>0</u>
Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>None</u>	Occupation, if other than household duties <u>-</u>
Name of Informant <u>Marie Crabel</u>	Name of Informant <u>Marie Sharp</u>	Name of Informant <u>Marie Crabel</u>
Address <u>Alameda</u>	Address <u>Alameda</u>	Address <u>Alameda</u>
Name of Physician in attendance <u>Dr. Marshall</u>	Name of Physician in attendance <u>Dr. Marshall</u>	Name of Physician in attendance <u>Dr. Marshall</u>
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Sept 30/20</u>	Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Oct 13/20</u>	Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Sept 26/20</u>

I hereby certify that the above are correct registrations of Births filed with me during the month of October 1920

W. H. Smith D. R.

Address Alameda



# BIRTHS

Evelyn laurie hacco, ernest hacco, nellie page, reginald norman alexander, william henry griffin, mary appleby, frances victoria hosack, arlo hosack, clista case, james mcdonald gill, orwell james gill, mildred margaret brown, kathleen agnes moyse, arthur frederick moyse, kathleen-mary dowing, robert alfred ellis, gordon cecil ellis, jess minnetta chapman

County of Offard

Division of Ingersoll

No. 4

County Offard Municipality Ingersoll  
 Street and Number Alexandra Street  
 or Con. and Lot (if in hospital, give name instead of street)

Surname Hosack

Given names in full Francis Harrison

Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth Aug 14th 1920

**FATHER**  
 Full name Ernest Hosack Usual residence Ingersoll Age last birthday 24  
 Racial origin English Birth-place England  
 Trade or Profession Farmer  
 Kind of industry or business in which employed -

**MOTHER**  
 Full maiden name Nellie Page Usual residence Ingersoll Age last birthday 21  
 Racial origin English Birth-place England  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -

No. 5

County Offard Municipality Ingersoll  
 Street and Number Wellington Street  
 or Con. and Lot (if in hospital, give name instead of street)

Surname Hosack

Given names in full Arlo Hosack

Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth Sept. 25th 1920

**FATHER**  
 Full name Arlo Hosack Usual residence Ingersoll Age last birthday 31  
 Racial origin English Birth-place Ontario  
 Trade or Profession Garage Business  
 Kind of industry or business in which employed -

**MOTHER**  
 Full maiden name Clista Case Usual residence Ingersoll Age last birthday 30  
 Racial origin English Birth-place Ontario  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties -

No. 6

County Offard Municipality Ingersoll  
 Street and Number King Street  
 or Con. and Lot (if in hospital, give name instead of street)

Surname Moyse

Given names in full Kathleen Agnes

Sex (M. or F.) F Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth Sept. 15th 1920

**FATHER**  
 Full name Arthur Frederic Moyse Usual residence Ingersoll Age last birthday 49  
 Racial origin English Birth-place England  
 Trade or Profession Traveler  
 Kind of industry or business in which employed Jewelry

**MOTHER**  
 Full maiden name Kathleen Mary Dowling Usual residence Ingersoll Age last birthday 30  
 Racial origin Irish Birth-place Ireland  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Ada L. Hedges  
 Address Ingersoll  
 Name of Physician in attendance Dr. Rogers  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Oct 4/20

Name of Informant Mrs Arlo Hosack  
 Address Ingersoll  
 Name of Physician in attendance Dr. Currier  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Sept 25/20

Name of Informant A. J. Moyse  
 Address Ingersoll  
 Name of Physician in attendance Dr. Currier  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Sept 19/20

No. 7

County Offard Municipality Ingersoll  
 Street and Number Antebury Street  
 or Con. and Lot (if in hospital, give name instead of street)

Surname Griffin

Given names in full William Henry Griffin

Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth Sept 17th 1920

**FATHER**  
 Full name William Henry Griffin Usual residence Ingersoll Age last birthday 27  
 Racial origin Canadian Birth-place Ingersoll  
 Trade or Profession Mechanic  
 Kind of industry or business in which employed Automobile

**MOTHER**  
 Full maiden name Mary Appleby Usual residence Ingersoll Age last birthday 21  
 Racial origin Canadian Birth-place England  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties None

No. 8

County Offard Municipality Ingersoll  
 Street and Number Windsor Street  
 or Con. and Lot (if in hospital, give name instead of street)

Surname Gill

Given names in full James McDonald

Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth Oct 2nd 1920

**FATHER**  
 Full name Orwell James Gill Usual residence Ingersoll Age last birthday 29  
 Racial origin English Birth-place Ontario  
 Trade or Profession Druggist  
 Kind of industry or business in which employed -

**MOTHER**  
 Full maiden name Mildred Margaret Brown Usual residence Ingersoll Age last birthday 29  
 Racial origin Scottish Birth-place Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -

No. 9

County Offard Municipality Ingersoll  
 Street and Number Shames Street  
 or Con. and Lot (if in hospital, give name instead of street)

Surname Ellis

Given names in full Robert Alfred

Sex (M. or F.) M Twin or Triplet - Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth October 15th 1920

**FATHER**  
 Full name Gordon Cecil Ellis Usual residence Ingersoll Age last birthday 43  
 Racial origin English Birth-place Ingersoll  
 Trade or Profession Manufacture  
 Kind of industry or business in which employed furniture

**MOTHER**  
 Full maiden name Jess Minnetta Chapman Usual residence Ingersoll Age last birthday 34  
 Racial origin Irish Birth-place Canada  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant Mrs W. H. Griffin  
 Address Ingersoll  
 Name of Physician in attendance Dr. Rogers  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Sept 17/20

Name of Informant A. J. Gill  
 Address Ingersoll  
 Name of Physician in attendance Dr. Currier  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Oct 12/20

Name of Informant G. C. Ellis  
 Address Ingersoll  
 Name of Physician in attendance Dr. Currier  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Oct 16/20

I hereby certify that the above are correct registrations of Births filed with me during the month of October 1920

W. J. Smith D. R.

THIS SPACE TO BE RESERVED FOR BINDING



Byron Iao Haley, Edward Leslie Jenney, Myrtle Viola Jenney, William George Jones, Frederick William Jones, James, Edith Mary McKee, Muriel Joy Ferguson, George Harry Ferguson, Minnie Estelle Wallely, Velma Verena Todd, Clarence Alvin Todd, Alta Gladys Marlett, Eugene Edward Nadalin, Anthony Nadalin, Mary Beatrice Wate, John Charles Billings, Harry Billings, May Summer

# BIRTHS

County of Jefferson Division of Sugars

THIS SPACE TO BE RESERVED FOR BINDING

No. 5		No. 6		No. 7	
County <u>Jefferson</u> Municipality <u>Sugars</u>		County <u>Jefferson</u> Municipality <u>Sugars</u>		County <u>Jefferson</u> Municipality <u>Sugars</u>	
Street and Number or Con. and Lot <u>5th Street</u>		Street and Number or Con. and Lot <u>5th Street</u>		Street and Number or Con. and Lot <u>5th Street</u>	
Surname <u>Waley</u>		Surname <u>Ferguson</u>		Surname <u>Nadalin</u>	
Given names in full <u>Myrtle</u>		Given names in full <u>Minnie Joy</u>		Given names in full <u>Eugene Edward</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Date of Birth <u>Oct 15th 1920</u>		Date of Birth <u>Oct 29th 1920</u>		Date of Birth <u>Nov 8th 1920</u>	
FATHER: Full name <u>Edward Leslie Waley</u>		FATHER: Full name <u>Henry Harry Ferguson</u>		FATHER: Full name <u>Anthony Nadalin</u>	
Usual residence <u>Sugars</u>		Usual residence <u>Nelson Bld.</u>		Usual residence <u>West Jefferson</u>	
Racial origin <u>English</u>		Racial origin <u>Irish</u>		Racial origin <u>Slavonian</u>	
Trade or Profession <u>Salesman</u>		Trade or Profession <u>Civil Engineer</u>		Trade or Profession <u>Labourer</u>	
Kind of industry or business in which employed <u>Broom</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>Barber</u>	
MOTHER: Full maiden name <u>Myrtle Estelle Jenney</u>		MOTHER: Full maiden name <u>Minnie Estelle Wallely</u>		MOTHER: Full maiden name <u>Mary Beatrice Wate</u>	
Usual residence <u>Sugars</u>		Usual residence <u>Nelson Bld.</u>		Usual residence <u>West Jefferson</u>	
Racial origin <u>English</u>		Racial origin <u>English</u>		Racial origin <u>Canadian</u>	
Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>E. L. Waley</u>		Name of Informant <u>J. W. Waley</u>		Name of Informant <u>Ada L. Wadger</u>	
Address <u>Sugars</u>		Address <u>Sugars</u>		Address <u>Sugars</u>	
Name of Physician in attendance <u>D. Rogers</u>		Name of Physician in attendance <u>D. Lammie</u>		Name of Physician in attendance <u>D. Lammie</u>	
Did physician give notice of this birth? <u>No</u>	Date of receipt by D. R. <u>-</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Oct 30/20</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Nov 9/20</u>
County <u>Jefferson</u> Municipality <u>Sugars</u>		County <u>Jefferson</u> Municipality <u>Sugars</u>		County <u>Jefferson</u> Municipality <u>Sugars</u>	
Street and Number or Con. and Lot <u>5th Street</u>		Street and Number or Con. and Lot <u>5th Street</u>		Street and Number or Con. and Lot <u>5th Street</u>	
Surname <u>Jones</u>		Surname <u>Todd</u>		Surname <u>Billings</u>	
Given names in full <u>William George</u>		Given names in full <u>Clarence Alvin</u>		Given names in full <u>John Charles</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Date of Birth <u>Oct 25th 1920</u>		Date of Birth <u>Oct 24th 1920</u>		Date of Birth <u>Nov 17th 1920</u>	
FATHER: Full name <u>Frederick William Jones</u>		FATHER: Full name <u>Clarence Alvin Todd</u>		FATHER: Full name <u>Harry Billings</u>	
Usual residence <u>Sugars</u>		Usual residence <u>Sugars</u>		Usual residence <u>Sugars</u>	
Racial origin <u>English</u>		Racial origin <u>English</u>		Racial origin <u>English</u>	
Trade or Profession <u>Mechanic</u>		Trade or Profession <u>Manager</u>		Trade or Profession <u>Labourer</u>	
Kind of industry or business in which employed <u>Auto Repair</u>		Kind of industry or business in which employed <u>Building Alley</u>		Kind of industry or business in which employed <u>Railroad</u>	
MOTHER: Full maiden name <u>Velma Verena Todd</u>		MOTHER: Full maiden name <u>Alta Gladys Marlett</u>		MOTHER: Full maiden name <u>May M. M. Summer</u>	
Usual residence <u>Sugars</u>		Usual residence <u>Sugars</u>		Usual residence <u>Sugars</u>	
Racial origin <u>Irish</u>		Racial origin <u>English</u>		Racial origin <u>Canadian</u>	
Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>None</u>	
Name of Informant <u>Mrs J. W. Jones</u>		Name of Informant <u>Clarence Alvin Todd</u>		Name of Informant <u>J. J. Macdonald</u>	
Address <u>Sugars</u>		Address <u>Sugars</u>		Address <u>Sugars</u>	
Name of Physician in attendance <u>D. Lammie</u>		Name of Physician in attendance <u>D. Lammie</u>		Name of Physician in attendance <u>D. Macdonald</u>	
Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Oct 26/20</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Oct 24/20</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Nov 17/20</u>
County <u>Jefferson</u> Municipality <u>Sugars</u>		County <u>Jefferson</u> Municipality <u>Sugars</u>		County <u>Jefferson</u> Municipality <u>Sugars</u>	
Street and Number or Con. and Lot <u>5th Street</u>		Street and Number or Con. and Lot <u>5th Street</u>		Street and Number or Con. and Lot <u>5th Street</u>	
Surname <u>Waley</u>		Surname <u>Ferguson</u>		Surname <u>Nadalin</u>	
Given names in full <u>Myrtle</u>		Given names in full <u>Minnie Joy</u>		Given names in full <u>Eugene Edward</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Date of Birth <u>Oct 15th 1920</u>		Date of Birth <u>Oct 29th 1920</u>		Date of Birth <u>Nov 8th 1920</u>	
FATHER: Full name <u>Edward Leslie Waley</u>		FATHER: Full name <u>Henry Harry Ferguson</u>		FATHER: Full name <u>Anthony Nadalin</u>	
Usual residence <u>Sugars</u>		Usual residence <u>Nelson Bld.</u>		Usual residence <u>West Jefferson</u>	
Racial origin <u>English</u>		Racial origin <u>Irish</u>		Racial origin <u>Slavonian</u>	
Trade or Profession <u>Salesman</u>		Trade or Profession <u>Civil Engineer</u>		Trade or Profession <u>Labourer</u>	
Kind of industry or business in which employed <u>Broom</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>Barber</u>	
MOTHER: Full maiden name <u>Myrtle Estelle Jenney</u>		MOTHER: Full maiden name <u>Minnie Estelle Wallely</u>		MOTHER: Full maiden name <u>Mary Beatrice Wate</u>	
Usual residence <u>Sugars</u>		Usual residence <u>Nelson Bld.</u>		Usual residence <u>West Jefferson</u>	
Racial origin <u>English</u>		Racial origin <u>English</u>		Racial origin <u>Canadian</u>	
Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>E. L. Waley</u>		Name of Informant <u>J. W. Waley</u>		Name of Informant <u>Ada L. Wadger</u>	
Address <u>Sugars</u>		Address <u>Sugars</u>		Address <u>Sugars</u>	
Name of Physician in attendance <u>D. Rogers</u>		Name of Physician in attendance <u>D. Lammie</u>		Name of Physician in attendance <u>D. Lammie</u>	
Did physician give notice of this birth? <u>No</u>	Date of receipt by D. R. <u>-</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Oct 30/20</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Nov 9/20</u>

I hereby certify that the above are correct registrations of Births filed with me during the month of November 1920

W. B. Smith D. R.

Address Sugars







# BIRTHS

Alice eather jones, andrew elberon jones, mary ethel alton jones, candlish, james candlish, lily may demmery, george scott, guy scott, preston, dorothy blanche hill, william henry hill, dorothy chadwick, j. h. wilson, james ewart gladstone wilson, ada irene morley, queen emily sydney john sawie, ethelwyn emily turney

County of Jefferson

Division of Registers

No. 11	No. 12	No. 1
County <u>Jefferson</u> Municipality <u>Jefferson</u>	County <u>Jefferson</u> Municipality <u>Jefferson</u>	County <u>Jefferson</u> Municipality <u>Jefferson</u>
Street and Number or Con. and Lot <u>Jefferson Street</u>	Street and Number or Con. and Lot <u>Jefferson Street</u>	Street and Number or Con. and Lot <u>Jefferson Street</u>
Surname <u>Jones</u>	Surname <u>Scott</u>	Surname <u>Wilson</u>
Given names in full <u>Alice Ethel</u>	Given names in full <u>May Beatt</u>	Given names in full <u>William Ewart Gladstone Wilson</u>
Sex (M. or F.) <u>F</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>
Date of Birth <u>Nov 9th 1920</u>	Date of Birth <u>Nov 29th 1920</u>	Date of Birth <u>Nov 14th 1920</u>
<b>FATHER</b> Full name <u>Andrew Elberon Jones</u> Age last birthday <u>27</u> Usual residence <u>Jefferson</u> Racial origin <u>English</u> Birth-place <u>Memphis</u> Trade or Profession <u>Lab Operat</u> Kind of industry or business in which employed <u>A. S. R.</u>	<b>FATHER</b> Full name <u>Guy Beatt</u> Age last birthday <u>33</u> Usual residence <u>Jefferson</u> Racial origin <u>Canadian</u> Birth-place <u>Ontario</u> Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>Swiss Rice</u>	<b>FATHER</b> Full name <u>William Ewart Gladstone Wilson</u> Age last birthday <u>24</u> Usual residence <u>Jefferson</u> Racial origin <u>Canadian</u> Birth-place <u>Ontario</u> Trade or Profession <u>Electrician</u> Kind of industry or business in which employed <u>-</u>
<b>MOTHER</b> Full maiden name <u>Mary Ethel Storer</u> Age last birthday <u>25</u> Usual residence <u>Jefferson</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	<b>MOTHER</b> Full maiden name <u>Yessie Creston</u> Age last birthday <u>32</u> Usual residence <u>Jefferson</u> Racial origin <u>Irish</u> Birth-place <u>Ireland</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	<b>MOTHER</b> Full maiden name <u>Ada Irene Morley</u> Age last birthday <u>26</u> Usual residence <u>Jefferson</u> Racial origin <u>Canadian</u> Birth-place <u>Jefferson</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>
Name of Informant <u>W. E. Jones</u>	Name of Informant <u>Guy Beatt</u>	Name of Informant <u>Jefferson</u>
Address <u>Jefferson</u>	Address <u>Jefferson</u>	Address <u>W. E. Wilson</u>
Name of Physician in attendance <u>Dr. Comiter</u>	Name of Physician in attendance <u>Dr. Comiter</u>	Name of Physician in attendance <u>Dr. Comiter</u>
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Nov 9/20</u>	Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Nov 30/20</u>	Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Nov 15/20</u>
County <u>Jefferson</u> Municipality <u>Jefferson</u>	County <u>Jefferson</u> Municipality <u>Jefferson</u>	County <u>Jefferson</u> Municipality <u>Jefferson</u>
Street and Number or Con. and Lot <u>Jefferson Street</u>	Street and Number or Con. and Lot <u>Jefferson Street</u>	Street and Number or Con. and Lot <u>Jefferson Street</u>
Surname <u>Candlish</u>	Surname <u>Hill</u>	Surname <u>Sawie</u>
Given names in full <u>James William Rose</u>	Given names in full <u>Dorothy Blanche</u>	Given names in full <u>Queen Emily</u>
Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>	Sex (M. or F.) <u>F</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>	Sex (M. or F.) <u>F</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" <u>Yes</u> or "No" <u>Yes</u>
Date of Birth <u>Nov 9th 1920</u>	Date of Birth <u>Nov 25th 1920</u>	Date of Birth <u>Dec 22nd 1920</u>
<b>FATHER</b> Full name <u>James Candlish</u> Age last birthday <u>25</u> Usual residence <u>Jefferson</u> Racial origin <u>Scottish</u> Birth-place <u>Scotland</u> Trade or Profession <u>Carpenter</u> Kind of industry or business in which employed <u>-</u>	<b>FATHER</b> Full name <u>William Henry Hill</u> Age last birthday <u>21</u> Usual residence <u>Jefferson</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Labourer</u> Kind of industry or business in which employed <u>-</u>	<b>FATHER</b> Full name <u>Sydney John Sawie</u> Age last birthday <u>29</u> Usual residence <u>Jefferson</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Labourer</u> Kind of industry or business in which employed <u>Milk</u>
<b>MOTHER</b> Full maiden name <u>Lily May Demmery</u> Age last birthday <u>22</u> Usual residence <u>Jefferson</u> Racial origin <u>Scottish</u> Birth-place <u>Canada</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	<b>MOTHER</b> Full maiden name <u>Dorothy B. Chadwick</u> Age last birthday <u>27</u> Usual residence <u>Jefferson</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>None</u>	<b>MOTHER</b> Full maiden name <u>Ethelwyn Emily Turney</u> Age last birthday <u>23</u> Usual residence <u>Jefferson</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>None</u>
Name of Informant <u>J. Candlish</u>	Name of Informant <u>William Hill</u>	Name of Informant <u>S. J. Sawie</u>
Address <u>Jefferson</u>	Address <u>Jefferson</u>	Address <u>Jefferson</u>
Name of Physician in attendance <u>Dr. Comiter</u>	Name of Physician in attendance <u>Dr. Comiter</u>	Name of Physician in attendance <u>Dr. Comiter</u>
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Nov 9/20</u>	Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Nov 25/20</u>	Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Dec 23/20</u>

I hereby certify that the above are correct registrations of Births filed with me during the month of December 1920.

W. E. Smith D. R.

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

Vera Margaret Welford, Bruce Welford, Rosa Bright, Arthur Isaac Chadwick, Charles Chester Chadwick, Elsie Maude Miller, Alan Mary Rodger, William Ross Rodger, Alan Multerer, Violet Marietta Garton, Levi Garton, Ella Corbett.

County of Ontario

Division of Ingersoll

No. 5

County Ontario Municipality Ingersoll  
 Street and Number Alexandra Street  
 or Con. and Lot 107  
 (If in hospital, give name of hospital)

Surname Blancher

Given names in full Helma Marguerite

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Dec 25th 1920

FATHER: Full name Charles Alexander Blancher Age last birthday 24  
 Usual residence Windsor  
 Racial origin English Birth-place Ontario  
 OCCUPATION: Trade or Profession Farmer  
 Kind of industry or business in which employed Farming

MOTHER: Full maiden name Genevieve Marie Beverly Age last birthday 24  
 Usual residence Windsor  
 Racial origin English Birth-place Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant Mrs Neil Beverly  
 Address Beachville  
 Name of Physician in attendance D. Carmichael  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Dec 24/20

County Ontario Municipality Ingersoll  
 Street and Number King Street  
 or Con. and Lot 107  
 (If in hospital, give name of hospital)

Surname Wilford

Given names in full Bruce Wilford

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Dec 25th 1920

FATHER: Full name Bruce Wilford Age last birthday 23  
 Usual residence Ingersoll  
 Racial origin English Birth-place Ontario  
 OCCUPATION: Trade or Profession Labourer  
 Kind of industry or business in which employed Machine Work

MOTHER: Full maiden name Rose Bright Age last birthday 22  
 Usual residence Ingersoll  
 Racial origin English Birth-place Ontario  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant Bruce Wilford  
 Address Ingersoll  
 Name of Physician in attendance D. Carmichael  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Dec 25/20

No. 6

County Ontario Municipality Ingersoll  
 Street and Number Alexandra Street  
 or Con. and Lot 107  
 (If in hospital, give name of hospital)

Surname Chadwick

Given names in full Charles Chester Chadwick

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Dec 19th 1920

FATHER: Full name Charles Chester Chadwick Age last birthday 40  
 Usual residence Ingersoll  
 Racial origin English Birth-place Ontario  
 OCCUPATION: Trade or Profession Labourer  
 Kind of industry or business in which employed Construction

MOTHER: Full maiden name Christina Milleltt Age last birthday 29  
 Usual residence Ingersoll  
 Racial origin English Birth-place England  
 Number of children including this one living 5 dead 3 Still-born 0  
 Occupation, if other than household duties None

Name of Informant Charles Edwin Chadwick  
 Address Ingersoll  
 Name of Physician in attendance D. Carmichael  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Dec 19/20

County Ontario Municipality Ingersoll  
 Street and Number Alexandra Street  
 or Con. and Lot 107  
 (If in hospital, give name of hospital)

Surname Rodger

Given names in full Lillian Mary

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Dec 6th 1920

FATHER: Full name William Ross Rodger Age last birthday 25  
 Usual residence Ingersoll  
 Racial origin Scottish Birth-place Ontario  
 OCCUPATION: Trade or Profession Banker  
 Kind of industry or business in which employed None

MOTHER: Full maiden name Lillian Multerer Age last birthday 22  
 Usual residence Ingersoll  
 Racial origin Scottish Birth-place Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant W. R. Rodger  
 Address Ingersoll  
 Name of Physician in attendance D. Carmichael  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Dec 12/20

No. 7

County Ontario Municipality Ingersoll  
 Street and Number Alexandra Street  
 or Con. and Lot 107  
 (If in hospital, give name of hospital)

Surname Garton

Given names in full Violet Marietta

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Dec 24th 1920

FATHER: Full name Levi Garton Age last birthday 22  
 Usual residence Ingersoll  
 Racial origin English Birth-place Ontario  
 OCCUPATION: Trade or Profession Labourer  
 Kind of industry or business in which employed Farming

MOTHER: Full maiden name Ella Corbett Age last birthday 21  
 Usual residence Ingersoll  
 Racial origin English Birth-place Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant Levi Garton  
 Address Ingersoll  
 Name of Physician in attendance D. Macdonald  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Dec 24/20

County Ontario Municipality Ingersoll  
 Street and Number King Street  
 or Con. and Lot 107  
 (If in hospital, give name of hospital)

Surname Rodger

Given names in full William Ross Rodger

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Dec 6th 1920

FATHER: Full name William Ross Rodger Age last birthday 25  
 Usual residence Ingersoll  
 Racial origin Scottish Birth-place Ontario  
 OCCUPATION: Trade or Profession Banker  
 Kind of industry or business in which employed None

MOTHER: Full maiden name Lillian Multerer Age last birthday 22  
 Usual residence Ingersoll  
 Racial origin Scottish Birth-place Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant W. R. Rodger  
 Address Ingersoll  
 Name of Physician in attendance D. Carmichael  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Dec 12/20

I hereby certify that the above are correct registrations of Births filed with me during the month of Dec 1920.

D. R.

THIS SPACE TO BE RESERVED FOR BINDING



Herbert Elton Thompson, Harry Edgerton Thompson, Orystha Irene Ullman, Walter Ralph Moxley, Walter Moxley, Mineta Mabel Melissa Thurlow, Florence Helen Yake, Boyd Yake, Florence Marguerite Murray, Jean Wood, George Wood, Mary Alice Trueman, Edward Arthur Lowther, Harry Lowther, Flora Caroline Saville, John Moody Baldwin, John Ansley Baldwin, Margaret Moody

# BIRTHS

County of Windsor Division of Windsor

THIS SPACE TO BE RESERVED FOR BINDING

No. 1		No. 2		No. 3	
County <u>Windsor</u> Municipality <u>Windsor</u>		County <u>Windsor</u> Municipality <u>Windsor</u>		County <u>Windsor</u> Municipality <u>Windsor</u>	
Street and Number <u>James Street</u> or Con. and Lot		Street and Number <u>Small Street</u> or Con. and Lot		Street and Number <u>Windsor Street</u> or Con. and Lot	
Surname <u>Thompson</u>		Surname <u>Yake</u>		Surname <u>Lowther</u>	
Given names in full <u>Federick William</u>		Given names in full <u>James Helen</u>		Given names in full <u>Edward Arthur</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>No</u> Legitimate "Yes" "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" "No" <u>Yes</u>	
Date of Birth <u>Dec 14th 1920</u>		Date of Birth <u>Jan 1st 1921</u>		Date of Birth <u>Dec 15th 1920</u>	
FATHER: Full name <u>Samuel James Thompson</u> Usual residence <u>Windsor</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>Machinist</u>		FATHER: Full name <u>Boyd Yake</u> Usual residence <u>Windsor</u> Racial origin <u>Scottish</u> Birth-place <u>Ontario</u> Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>Farmer</u>		FATHER: Full name <u>Harry Lowther</u> Usual residence <u>Windsor</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>British Drill</u>	
MOTHER: Full maiden name <u>Orystha Irene Ullman</u> Usual residence <u>Windsor</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>James Marguerite Murray</u> Usual residence <u>Windsor</u> Racial origin <u>Irish</u> Birth-place <u>Windsor</u> Number of children including this one living <u>1</u> dead <u>1</u> Still-born <u>1</u> Occupation, if other than household duties <u>None</u>		MOTHER: Full maiden name <u>Marguerite Bayliff</u> Usual residence <u>Windsor</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>3</u> dead <u>1</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Orystha T. Thompson</u> Address <u>Windsor</u> Name of Physician in attendance <u>Dr. Cornish</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Dec 19/20</u>		Name of Informant <u>Boyd Yake</u> Address <u>Windsor</u> Name of Physician in attendance <u>Dr. Cornish</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Jan 7/20</u>		Name of Informant <u>Harry Lowther</u> Address <u>Windsor</u> Name of Physician in attendance <u>Dr. Cornish</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Dec 16/20</u>	
County <u>Windsor</u> Municipality <u>Windsor</u>		County <u>Windsor</u> Municipality <u>Windsor</u>		County <u>Windsor</u> Municipality <u>Windsor</u>	
Street and Number <u>Antwerp Street</u> or Con. and Lot		Street and Number <u>Alexander Street</u> or Con. and Lot		Street and Number <u>Windsor Street</u> or Con. and Lot	
Surname <u>Moxley</u>		Surname <u>Wood</u>		Surname <u>Baldwin</u>	
Given names in full <u>Walter Ralph</u>		Given names in full <u>George W. Wood</u>		Given names in full <u>John Ansley Baldwin</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" "No" <u>Yes</u>	
Date of Birth <u>Dec 14th 1920</u>		Date of Birth <u>Dec 11th 1920</u>		Date of Birth <u>Dec 12th 1920</u>	
FATHER: Full name <u>Walter Moxley</u> Usual residence <u>Windsor</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Printer</u> Kind of industry or business in which employed <u>Printing Mills</u>		FATHER: Full name <u>George W. Wood</u> Usual residence <u>Windsor</u> Racial origin <u>Scottish</u> Birth-place <u>Scotland</u> Trade or Profession <u>Clergyman</u> Kind of industry or business in which employed <u>-</u>		FATHER: Full name <u>John Ansley Baldwin</u> Usual residence <u>Windsor</u> Racial origin <u>Scottish</u> Birth-place <u>Windsor</u> Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>Fire Dept</u>	
MOTHER: Full maiden name <u>Mineta Mabel Melissa Thurlow</u> Usual residence <u>Windsor</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Marguerite Murray</u> Usual residence <u>Windsor</u> Racial origin <u>English</u> Birth-place <u>Windsor</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Margaret Moody</u> Usual residence <u>Windsor</u> Racial origin <u>Irish</u> Birth-place <u>Windsor</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>W. Moxley</u> Address <u>Windsor</u> Name of Physician in attendance <u>Dr. Williams</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Dec 23/20</u>		Name of Informant <u>George Wood</u> Address <u>Windsor</u> Name of Physician in attendance <u>Dr. Rogers</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Dec 14/20</u>		Name of Informant <u>J. Baldwin</u> Address <u>Windsor</u> Name of Physician in attendance <u>Dr. Cornish</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Dec 12/20</u>	

I hereby certify that the above are correct registrations of Births filed with me during the month of January 1921  
W. Wood D. R.



# BIRTHS

George Arthur schram, william archibald schram, joseph sharp, ronald floyd, floyd, gerrude page, margaret ruth smith, william smith, lizzie jeffries, kenneth jack newhurst, william joseph newhurst, victoria blanche graydon, jessie elizabeth boniface, frederick boniface, elizabeth hutchinson

County of Alford

Division of Sugarsale

No. <u>7</u>	No. <u>8</u>	No. <u>9</u>
County <u>Alford</u> Municipality <u>Sugarsale</u>	County <u>Alford</u> Municipality <u>Sugarsale</u>	County <u>Alford</u> Municipality <u>Sugarsale</u>
Street and Number <u>Charles Street</u> <small>(If in hospital, give name (number) of street)</small>	Street and Number <u>Victoria Street</u> <small>(If in hospital, give name (number) of street)</small>	Street and Number <u>Victoria Street</u> <small>(If in hospital, give name (number) of street)</small>
Surname <u>Debrani</u>	Surname <u>Smith</u>	Surname <u>Jefferies</u>
Given names in full <u>George Arthur</u>	Given names in full <u>Margaret Ruth</u>	Given names in full <u>William Joseph</u>
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>Dec 30th 1920</u>	Date of Birth <u>Dec 15th 1920</u>	Date of Birth <u>Dec 19th 1920</u>
<b>FATHER</b> Full name <u>William Archie Debrani</u> Age last birthday <u>26</u> Usual residence <u>Sugarsale</u> Racial origin <u>Irish</u> Birth-place <u>Irish</u> Trade or Profession <u>Butcher</u> Kind of industry or business in which employed <u>-</u>	<b>FATHER</b> Full name <u>William Smith</u> Age last birthday <u>22</u> Usual residence <u>Sugarsale</u> Racial origin <u>Canadian</u> Birth-place <u>Sugarsale</u> Trade or Profession <u>Bricklayer</u> Kind of industry or business in which employed <u>-</u>	<b>FATHER</b> Full name <u>William Joseph Jefferies</u> Age last birthday <u>19</u> Usual residence <u>Sugarsale</u> Racial origin <u>English</u> Birth-place <u>Sugarsale</u> Trade or Profession <u>Chumbrer</u> Kind of industry or business in which employed <u>Chumbring</u>
<b>MOTHER</b> Full maiden name <u>Josephine Shapp</u> Age last birthday <u>20</u> Usual residence <u>Sugarsale</u> Racial origin <u>Irish</u> Birth-place <u>Irish</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>None</u>	<b>MOTHER</b> Full maiden name <u>Lizzie Jeffries</u> Age last birthday <u>32</u> Usual residence <u>Sugarsale</u> Racial origin <u>Canadian</u> Birth-place <u>Sugarsale</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	<b>MOTHER</b> Full maiden name <u>Victoria Blanche Graydon</u> Age last birthday <u>19</u> Usual residence <u>Sugarsale</u> Racial origin <u>English</u> Birth-place <u>Sugarsale</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>
Name of Informant <u>Mr Robert Walker</u>	Name of Informant <u>Mrs Wm Smith</u>	Name of Informant <u>Wm Joseph Jefferies</u>
Address <u>Sugarsale</u>	Address <u>Sugarsale</u>	Address <u>Sugarsale</u>
Name of Physician in attendance <u>Dr. Cameron</u>	Name of Physician in attendance <u>Dr. Cameron</u>	Name of Physician in attendance <u>Dr. Cameron</u>
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Dec 31/20</u>	Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Dec 19/20</u>	Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Dec 20/20</u>
No. <u>10</u>	No. <u>11</u>	No. <u>12</u>
County <u>Alford</u> Municipality <u>Sugarsale</u>	County <u>Alford</u> Municipality <u>Sugarsale</u>	County <u>Alford</u> Municipality <u>Sugarsale</u>
Street and Number <u>Victoria Street</u> <small>(If in hospital, give name (number) of street)</small>	Street and Number <u>Victoria Street</u> <small>(If in hospital, give name (number) of street)</small>	Street and Number <u>Victoria Street</u> <small>(If in hospital, give name (number) of street)</small>
Surname <u>Floyd</u>	Surname <u>Floyd</u>	Surname <u>Boniface</u>
Given names in full <u>Ronald</u>	Given names in full <u>Daniel</u>	Given names in full <u>Jessie Elizabeth</u>
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>Jan 19th 1921</u>	Date of Birth <u>Jan 19th 1921</u>	Date of Birth <u>Jan 20th 1921</u>
<b>FATHER</b> Full name <u>Harry Floyd</u> Age last birthday <u>26</u> Usual residence <u>Sugarsale</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Infant</u> Kind of industry or business in which employed <u>-</u>	<b>FATHER</b> Full name <u>Harry Floyd</u> Age last birthday <u>26</u> Usual residence <u>Sugarsale</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Life Insurance</u> Kind of industry or business in which employed <u>-</u>	<b>FATHER</b> Full name <u>Frederick Boniface</u> Age last birthday <u>23</u> Usual residence <u>Sugarsale</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Halver</u> Kind of industry or business in which employed <u>-</u>
<b>MOTHER</b> Full maiden name <u>Bertrude Paige</u> Age last birthday <u>19</u> Usual residence <u>Sugarsale</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>2</u> dead <u>1</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	<b>MOTHER</b> Full maiden name <u>Bertrude Paige</u> Age last birthday <u>19</u> Usual residence <u>Sugarsale</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>2</u> dead <u>1</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	<b>MOTHER</b> Full maiden name <u>Elizabeth Hutchison</u> Age last birthday <u>23</u> Usual residence <u>Sugarsale</u> Racial origin <u>Scottish</u> Birth-place <u>Scotland</u> Number of children including this one living <u>0</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>None</u>
Name of Informant <u>Madeline Martin</u>	Name of Informant <u>Madeline Martin</u>	Name of Informant <u>Fred W. Boniface</u>
Address <u>Sugarsale</u>	Address <u>Sugarsale</u>	Address <u>Sugarsale</u>
Name of Physician in attendance <u>Dr. Cameron</u>	Name of Physician in attendance <u>Dr. Cameron</u>	Name of Physician in attendance <u>Dr. Williams</u>
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Jan 19/21</u>	Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Jan 19/21</u>	Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Jan 20/21</u>

I hereby certify that the above are correct registrations of Births filed with me during the month of January 1921

W. A. Smith D. R.

THIS SPACE TO BE RESERVED FOR BINDING



garlick, edward albert messenger, william edward messenger, cora arlene greenaway, russell osborne greenaway, gretchen bruce ellwood tickner, walter thomas tickner, harriet agnes

# BIRTHS

County of Offord Division of Jungersau

THIS SPACE TO BE RESERVED FOR BINDING

No. 1		No. 2		No. 3	
County <u>Offord</u> Municipality <u>Jungersau</u>		County <u>Offord</u> Municipality <u>Jungersau</u>		County <u>Offord</u> Municipality <u>Jungersau</u>	
Street and Number or Con. and Lot <u>King Street</u>		Street and Number or Con. and Lot <u>Delano Street</u>		Street and Number or Con. and Lot <u>Delano Street</u>	
Surname <u>Shanlan</u>		Surname <u>Bryant</u>		Surname <u>Greenaway</u>	
Given names in full <u>Mary Ann Shanlan</u>		Given names in full <u>Maria Bryant</u>		Given names in full <u>Lara Arlene</u>	
Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>
Date of Birth <u>Jan 2nd 1921</u>	Date of Birth <u>Jan 29th 1921</u>	Date of Birth <u>Jan 26th 1921</u>			
FATHER: Full name <u>George W. Shanlan</u> Age last birthday <u>44</u>		FATHER: Full name <u>James Bryant</u> Age last birthday <u>31</u>		FATHER: Full name <u>Russell Osborn Greenaway</u> Age last birthday <u>34</u>	
Usual residence <u>Jungersau</u>		Usual residence <u>Jungersau</u>		Usual residence <u>Jungersau</u>	
Racial origin <u>Canadian</u> Birth place <u>Ontario</u>		Racial origin <u>Canadian</u> Birth place <u>United States</u>		Racial origin <u>Canadian</u> Birth place <u>Jungersau</u>	
Trade or Profession <u>Machinist</u>		Trade or Profession <u>Labourer</u>		Trade or Profession <u>Salesman</u>	
Kind of industry or business in which employed <u>Mansour Co.</u>		Kind of industry or business in which employed <u>Files</u>		Kind of industry or business in which employed <u>Bakery</u>	
MOTHER: Full maiden name <u>Hattie R. Bryant</u> Age last birthday <u>34</u>		MOTHER: Full maiden name <u>Olma Barlich</u> Age last birthday <u>31</u>		MOTHER: Full maiden name <u>Hettie Sophronia Bartlett</u> Age last birthday <u>24</u>	
Usual residence <u>Jungersau</u>		Usual residence <u>Jungersau</u>		Usual residence <u>Jungersau</u>	
Racial origin <u>Canadian</u> Birth place <u>Offord</u>		Racial origin <u>Canadian</u> Birth place <u>Jungersau</u>		Racial origin <u>Canadian</u> Birth place <u>Ontario</u>	
Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>None</u>		Occupation, if other than household duties <u>None</u>		Occupation, if other than household duties <u>None</u>	
Name of Informant <u>D. Cameron</u>		Name of Informant <u>James Bryant</u>		Name of Informant <u>R. O. Greenaway</u>	
Address <u>Jungersau</u>		Address <u>Jungersau</u>		Address <u>Jungersau</u>	
Name of Physician in attendance <u>D. Cameron</u>		Name of Physician in attendance <u>D. Cameron</u>		Name of Physician in attendance <u>D. Cameron</u>	
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Jan 2/21</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Jan 10/21</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Jan 10/21</u>	
No. <u>4</u>		No. <u>5</u>		No. <u>6</u>	
County <u>Offord</u> Municipality <u>Jungersau</u>		County <u>Offord</u> Municipality <u>Jungersau</u>		County <u>Offord</u> Municipality <u>Jungersau</u>	
Street and Number or Con. and Lot <u>Delano Street</u>		Street and Number or Con. and Lot <u>Delano Street</u>		Street and Number or Con. and Lot <u>White Street</u>	
Surname <u>Dickson</u>		Surname <u>Messenger</u>		Surname <u>Dickson</u>	
Given names in full <u>Clayton</u>		Given names in full <u>Edward Albert</u>		Given names in full <u>Walter Thomas</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Date of Birth <u>Jan 27th 1921</u>	Date of Birth <u>Jan 29th 1921</u>	Date of Birth <u>Jan 26th 1921</u>			
FATHER: Full name <u>William Arthur Dickson</u> Age last birthday <u>21</u>		FATHER: Full name <u>William Edward Messenger</u> Age last birthday <u>34</u>		FATHER: Full name <u>Walter Thomas Dickson</u> Age last birthday <u>28</u>	
Usual residence <u>Offord</u>		Usual residence <u>Jungersau</u>		Usual residence <u>Jungersau</u>	
Racial origin <u>Canadian</u> Birth place <u>Offord</u>		Racial origin <u>English</u> Birth place <u>England</u>		Racial origin <u>English</u> Birth place <u>England</u>	
Trade or Profession <u>Farmer</u>		Trade or Profession <u>Price Stryheim</u>		Trade or Profession <u>Moulder</u>	
Kind of industry or business in which employed <u>None</u>		Kind of industry or business in which employed <u>None</u>		Kind of industry or business in which employed <u>Maillading</u>	
MOTHER: Full maiden name <u>Olive Lillian Link</u> Age last birthday <u>20</u>		MOTHER: Full maiden name <u>Ruth Mass</u> Age last birthday <u>26</u>		MOTHER: Full maiden name <u>Janet Agnes Johnson</u> Age last birthday <u>29</u>	
Usual residence <u>Offord</u>		Usual residence <u>Jungersau</u>		Usual residence <u>Jungersau</u>	
Racial origin <u>American</u> Birth place <u>U.S.A.</u>		Racial origin <u>English</u> Birth place <u>England</u>		Racial origin <u>English</u> Birth place <u>Ontario</u>	
Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>6</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>1</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>None</u>		Occupation, if other than household duties <u>None</u>		Occupation, if other than household duties <u>None</u>	
Name of Informant <u>Ada C. Kelgo</u>		Name of Informant <u>Ruth Messenger</u>		Name of Informant <u>Walter Thomas Dickson</u>	
Address <u>Jungersau</u>		Address <u>Jungersau</u>		Address <u>Jungersau</u>	
Name of Physician in attendance <u>D. Cameron</u>		Name of Physician in attendance <u>D. Dickson</u>		Name of Physician in attendance <u>D. Macdonald</u>	
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Jan 9/21</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Jan 26/21</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Jan 26/21</u>	



# BIRTHS

Geoffrey goodall, abraham goodall, sarah ellen boothman, may willed beaeham, william sandford wooley, mary getrude wooley, wilfred beaeham, lorne wilfred beaeham, stella getrude mcreeady, ruby rodwell, ella rodwell, austin howard turk, abert turk, mary simpson, marjorie emily langdown, charles langdown, eliza rebecca garland

City of Offard Division of Ingersoll

No. 7	No. 8	No. 9
<p>County <u>Offard</u> Municipality <u>Ingersoll</u>                      Street and Number <u>Alexandra Street</u>                      or Con. and Lot <u>12</u>                      Surname <u>Beaeham</u>                      Given names in full <u>Abraham</u>                      Sex (M. or F.) <u>M</u> Terms or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>                      Date of Birth <u>July 24th 1921</u>                      Full name <u>Abraham Beaeham</u> Age last birthday <u>29</u>                      Usual residence <u>West Offard</u>                      Racial origin <u>English</u> Birth-place <u>England</u>                      Trade or Profession <u>Farmer</u>                      Kind of Industry or business in which employed <u>Farming</u>                      Full maiden name <u>Barthelena Beaeham</u> Age last birthday <u>29</u>                      Usual residence <u>West Offard</u>                      Racial origin <u>English</u> Birth-place <u>England</u>                      Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>                      Occupation, if other than household duties <u>Household duties</u>                      Name of Informant <u>Abraham Beaeham</u>                      Address <u>Ingersoll</u>                      Name of Physician in attendance <u>Dr. McCreary</u>                      Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 27/21</u></p>	<p>County <u>Offard</u> Municipality <u>Ingersoll</u>                      Street and Number <u>Alexandra Street</u>                      or Con. and Lot <u>12</u>                      Surname <u>Beaeham</u>                      Given names in full <u>William</u>                      Sex (M. or F.) <u>M</u> Terms or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>                      Date of Birth <u>July 24th 1921</u>                      Full name <u>William Beaeham</u> Age last birthday <u>29</u>                      Usual residence <u>West Offard</u>                      Racial origin <u>English</u> Birth-place <u>England</u>                      Trade or Profession <u>Farmer</u>                      Kind of Industry or business in which employed <u>Farming</u>                      Full maiden name <u>Barthelena Beaeham</u> Age last birthday <u>29</u>                      Usual residence <u>West Offard</u>                      Racial origin <u>English</u> Birth-place <u>England</u>                      Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>                      Occupation, if other than household duties <u>Household duties</u>                      Name of Informant <u>Abraham Beaeham</u>                      Address <u>Ingersoll</u>                      Name of Physician in attendance <u>Dr. McCreary</u>                      Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 27/21</u></p>	<p>County <u>Offard</u> Municipality <u>Ingersoll</u>                      Street and Number <u>Marriott Street</u>                      or Con. and Lot <u>12</u>                      Surname <u>Turk</u>                      Given names in full <u>Albert</u>                      Sex (M. or F.) <u>M</u> Terms or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>                      Date of Birth <u>July 14th 1921</u>                      Full name <u>Albert L. Turk</u> Age last birthday <u>42</u>                      Usual residence <u>Ingersoll</u>                      Racial origin <u>English</u> Birth-place <u>England</u>                      Trade or Profession <u>Labourer</u>                      Kind of Industry or business in which employed <u>-</u>                      Full maiden name <u>Mary Simpson</u> Age last birthday <u>41</u>                      Usual residence <u>Ingersoll</u>                      Racial origin <u>English</u> Birth-place <u>England</u>                      Number of children including this one living <u>0</u> dead <u>1</u> Still-born <u>0</u>                      Occupation, if other than household duties <u>-</u>                      Name of Informant <u>Albert L. Turk</u>                      Address <u>Ingersoll</u>                      Name of Physician in attendance <u>Dr. Carmichael</u>                      Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 21/21</u></p>
<p>County <u>Offard</u> Municipality <u>Ingersoll</u>                      Street and Number <u>Alexandra Street</u>                      or Con. and Lot <u>12</u>                      Surname <u>Wesley</u>                      Given names in full <u>May</u>                      Sex (M. or F.) <u>F</u> Terms or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>                      Date of Birth <u>July 21st 1921</u>                      Full name <u>William David Wesley</u> Age last birthday <u>24</u>                      Usual residence <u>Ingersoll</u>                      Racial origin <u>Canadian</u> Birth-place <u>Canada</u>                      Trade or Profession <u>Labourer</u>                      Kind of Industry or business in which employed <u>Mechanics</u>                      Full maiden name <u>Mary Gertrude Wesley</u> Age last birthday <u>24</u>                      Usual residence <u>Ingersoll</u>                      Racial origin <u>Canadian</u> Birth-place <u>Canada</u>                      Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>1</u>                      Occupation, if other than household duties <u>None</u>                      Name of Informant <u>Dr. W. Keeler</u>                      Address <u>Ingersoll</u>                      Name of Physician in attendance <u>Dr. McCreary</u>                      Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 22/21</u></p>	<p>County <u>Offard</u> Municipality <u>Ingersoll</u>                      Street and Number <u>Alexandra Street</u>                      or Con. and Lot <u>12</u>                      Surname <u>Radwell</u>                      Given names in full <u>Eliza</u>                      Sex (M. or F.) <u>F</u> Terms or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>                      Date of Birth <u>July 22nd 1921</u>                      Full name <u>Eliza Radwell</u> Age last birthday <u>27</u>                      Usual residence <u>Brantford</u>                      Racial origin <u>English</u> Birth-place <u>England</u>                      Trade or Profession <u>-</u>                      Kind of Industry or business in which employed <u>-</u>                      Full maiden name <u>Eliza Radwell</u> Age last birthday <u>27</u>                      Usual residence <u>Brantford</u>                      Racial origin <u>English</u> Birth-place <u>England</u>                      Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>                      Occupation, if other than household duties <u>Lauper</u>                      Name of Informant <u>Eliza Radwell</u>                      Address <u>Brantford</u>                      Name of Physician in attendance <u>Dr. Carmichael</u>                      Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 22/21</u></p>	<p>County <u>Offard</u> Municipality <u>Ingersoll</u>                      Street and Number <u>Charles Street</u>                      or Con. and Lot <u>12</u>                      Surname <u>Langdown</u>                      Given names in full <u>Charles</u>                      Sex (M. or F.) <u>M</u> Terms or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>                      Date of Birth <u>January 31st 1921</u>                      Full name <u>Charles Langdown</u> Age last birthday <u>35</u>                      Usual residence <u>Ingersoll</u>                      Racial origin <u>English</u> Birth-place <u>England</u>                      Trade or Profession <u>Labourer</u>                      Kind of Industry or business in which employed <u>-</u>                      Full maiden name <u>Eliza Rebecca Langdown</u> Age last birthday <u>35</u>                      Usual residence <u>Ingersoll</u>                      Racial origin <u>English</u> Birth-place <u>England</u>                      Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u>                      Occupation, if other than household duties <u>-</u>                      Name of Informant <u>Mrs. Eliza Langdown</u>                      Address <u>Ingersoll</u>                      Name of Physician in attendance <u>Dr. Rogers</u>                      Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 9/21</u></p>

I hereby certify that the above are correct registrations of Births filed with me during the month of February 1921.

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

County of Offord

Division of Sagerssee

No. 13		No. 14		No. 1	
County <u>Offord</u> Municipality <u>Sagerssee</u>		County <u>Offord</u> Municipality <u>Sagerssee</u>		County <u>Offord</u> Municipality <u>Sagerssee</u>	
Street and Number <u>Alford Ave</u> or Con. and Lot <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Alford Hospital</u> or Con. and Lot <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Bece Street</u> or Con. and Lot <small>(If in hospital, give name instead of street)</small>	
Surname <u>Ely</u>		Surname <u>Dankhuch</u>		Surname <u>Daniel</u>	
Given names in full <u>Bernard James</u>		Given names in full <u>Arnie</u>		Given names in full <u>George Daniel</u>	
Sex (M. or F.) <u>M</u>	Twins or Triplets <u>No</u>	Sex (M. or F.) <u>M</u>	Twins or Triplets <u>No</u>	Sex (M. or F.) <u>M</u>	Twins or Triplets <u>No</u>
Was child born alive <u>Yes</u>	Legitimate "Yes" <u>Yes</u>	Was child born alive <u>Yes</u>	Legitimate "Yes" <u>Yes</u>	Was child born alive <u>Yes</u>	Legitimate "Yes" <u>Yes</u>
Date of Birth <u>Jan 26th 1921</u>		Date of Birth <u>Feb 27th 1921</u>		Date of Birth <u>Feb 20th 1921</u>	
Full name <u>William Edward Ely</u>		Full name <u>Mike Dankhuch</u>		Full name <u>George Daniel</u>	
Usual residence <u>Sagerssee</u>		Usual residence <u>Beachville</u>		Usual residence <u>Sagerssee</u>	
Age last birthday <u>3</u>		Age last birthday <u>29</u>		Age last birthday <u>39</u>	
Racial origin <u>Canadian</u>		Racial origin <u>Russian</u>		Racial origin <u>English</u>	
Birth-place <u>Sagerssee</u>		Birth-place <u>Russia</u>		Birth-place <u>Ontario</u>	
Trade or Profession <u>Labourer</u>		Trade or Profession <u>Labourer</u>		Trade or Profession <u>Blacksmith</u>	
Kind of industry or business in which employed		Kind of industry or business in which employed <u>Blaine Duane</u>		Kind of industry or business in which employed	
Full maiden name <u>Helen Jane Bartlett</u>		Full maiden name <u>Helen Burnett</u>		Full maiden name <u>Avelyn Mae McLeod</u>	
Usual residence <u>Sagerssee</u>		Usual residence <u>Beachville</u>		Usual residence <u>Sagerssee</u>	
Age last birthday <u>33</u>		Age last birthday <u>28</u>		Age last birthday <u>21</u>	
Racial origin <u>Irish</u>		Racial origin <u>Canadian</u>		Racial origin <u>English</u>	
Birth-place <u>King</u>		Birth-place <u>Ontario</u>		Birth-place <u>Ontario</u>	
Number of children including this one living <u>7</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>0</u> dead <u>1</u> Still-born <u>1</u>		Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>None</u>		Occupation, if other than household duties		Occupation, if other than household duties	
Name of Informant <u>W. E. Ely</u>		Name of Informant <u>Dr. Carrish</u>		Name of Informant <u>Mrs. Geo. Daniel</u>	
Address <u>Sagerssee</u>		Address <u>Sagerssee</u>		Address <u>Sagerssee</u>	
Name of Physician in attendance <u>Dr. Furlong</u>		Name of Physician in attendance <u>Dr. Carrish</u>		Name of Physician in attendance <u>Dr. Carrish</u>	
Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Jan 26/21</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Feb 27/21</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Feb 20/21</u>
No. 2		No. 3		No. 4	
County <u>Offord</u> Municipality <u>Sagerssee</u>		County <u>Offord</u> Municipality <u>Sagerssee</u>		County <u>Offord</u> Municipality <u>Sagerssee</u>	
Street and Number <u>Bece Street</u> or Con. and Lot <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Charles Street</u> or Con. and Lot <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Alford Hospital</u> or Con. and Lot <small>(If in hospital, give name instead of street)</small>	
Surname <u>Fordham</u>		Surname <u>Roehe</u>		Surname <u>McDonald</u>	
Given names in full <u>Celia Ellen</u>		Given names in full <u>Harold Wesley</u>		Given names in full <u>Bobby</u>	
Sex (M. or F.) <u>M</u>	Twins or Triplets <u>No</u>	Sex (M. or F.) <u>M</u>	Twins or Triplets <u>No</u>	Sex (M. or F.) <u>M</u>	Twins or Triplets <u>No</u>
Was child born alive <u>Yes</u>	Legitimate "Yes" <u>Yes</u>	Was child born alive <u>Yes</u>	Legitimate "Yes" <u>Yes</u>	Was child born alive <u>Yes</u>	Legitimate "Yes" <u>Yes</u>
Date of Birth <u>Mar 3rd 1921</u>		Date of Birth <u>Feb 18th 1921</u>		Date of Birth <u>Mar 6th 1921</u>	
Full name <u>Arthur Fordham</u>		Full name <u>George William Roehe</u>		Full name <u>James McDonald</u>	
Usual residence <u>Sagerssee</u>		Usual residence <u>Sagerssee</u>		Usual residence <u>Sagerssee</u>	
Age last birthday <u>20</u>		Age last birthday <u>21</u>		Age last birthday <u>21</u>	
Racial origin <u>English</u>		Racial origin <u>White</u>		Racial origin <u>Canadian</u>	
Birth-place <u>England</u>		Birth-place <u>Ontario</u>		Birth-place <u>Ontario</u>	
Trade or Profession <u>Businessman</u>		Trade or Profession <u>Fire Cutter</u>		Trade or Profession <u>Labourer</u>	
Kind of industry or business in which employed <u>Grand Drunk</u>		Kind of industry or business in which employed <u>Fire Making</u>		Kind of industry or business in which employed	
Full maiden name <u>Edith May Alborough</u>		Full maiden name <u>Gertrude Martha Martnell</u>		Full maiden name <u>Maggie Shaph</u>	
Usual residence <u>Sagerssee</u>		Usual residence <u>Sagerssee</u>		Usual residence <u>Sagerssee</u>	
Age last birthday <u>25</u>		Age last birthday <u>20</u>		Age last birthday <u>22</u>	
Racial origin <u>Canadian</u>		Racial origin <u>White</u>		Racial origin <u>Canadian</u>	
Birth-place <u>Ontario</u>		Birth-place <u>Ontario</u>		Birth-place <u>Ontario</u>	
Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>0</u> dead <u>1</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>None</u>		Occupation, if other than household duties <u>None</u>		Occupation, if other than household duties <u>None</u>	
Name of Informant <u>Arthur Fordham</u>		Name of Informant <u>Geo. William Roehe</u>		Name of Informant <u>Mrs. McDonald</u>	
Address <u>Sagerssee</u>		Address <u>Sagerssee</u>		Address <u>Starford</u>	
Name of Physician in attendance <u>Dr. McDonald</u>		Name of Physician in attendance <u>Dr. Carrish</u>		Name of Physician in attendance <u>Dr. Furlong</u>	
Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Mar 4/21</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Feb 18/21</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Mar 6/21</u>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of March 1921.

John Foran, Arthur Foran, John May, George, Dankhuch, Helen Burnett, Harold Wesley, George, Martna Martnell, Isabel Mae Daniel, George Daniel, Evelyn, James McDonald, Maggie Hart.



# BIRTHS

Kenneth cameron maccoull, bruce ellis maccoull, frank sinclair, michael ross taylor, charles william taylor, mary louise carter, frank jacques ingham, rose underwood, charles roy furtney, charles leslie furtney, olive louise chute, herbert edgar longfield, henry longfield, mary frances smith, harvey albert moon, jack moon, mabel watts

County of Offord

Division of Ingersoll

No. 5

County Offord Municipality Ingersoll  
 Street and Number James Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname MacDougal

Given names in full Kenneth Cameron

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Legitimate "Yes" "No" Yes

Date of Birth Feb 12th 1921

FATHER: Full name Prince Ellis MacDougal Usual residence Ingersoll Age last birthday 31 Racial origin Scottish Birth-place Ontario Occupation Brace Trade or Profession Brace Kind of Industry or business in which employed Brace Full maiden name Marion Sinclair Usual residence Ingersoll Age last birthday 35 Racial origin Scottish Birth-place Ingersoll Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

MOTHER: Full name Marion Sinclair Usual residence Ingersoll Age last birthday 35 Racial origin Scottish Birth-place Ingersoll Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant C. Charles Address Ingersoll Name of Physician in attendance Dr. Connish Did physician give notice of this birth? Yes Date of receipt by D. R. Feb 13/21

No. 10

County Offord Municipality Ingersoll  
 Street and Number Charles Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Dughan

Given names in full Frank James

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Legitimate "Yes" "No" Yes

Date of Birth Mar 9th 1921

FATHER: Full name Frank James Dughan Usual residence Ingersoll Age last birthday 23 Racial origin Canadian Birth-place Ingersoll Occupation Carpenter Trade or Profession Carpenter Kind of Industry or business in which employed - Full maiden name Mildred Underwood Usual residence Ingersoll Age last birthday 22 Racial origin English Birth-place England Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties None

MOTHER: Full name Mildred Underwood Usual residence Ingersoll Age last birthday 22 Racial origin English Birth-place England Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties None

Name of Informant Frank Dughan Address Ingersoll Name of Physician in attendance Dr. Connish Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 21

No. 7

County Offord Municipality Ingersoll  
 Street and Number Beale Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Longfield

Given names in full Herbert

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Legitimate "Yes" "No" Yes

Date of Birth Mar 13th 1921

FATHER: Full name Herbert Edgar Longfield Usual residence Ingersoll Age last birthday 37 Racial origin Canadian Birth-place Canada Occupation Mechanic Trade or Profession Mechanic Kind of Industry or business in which employed Building Trade Full maiden name Mary Frances Smith Usual residence Ingersoll Age last birthday 26 Racial origin Canadian Birth-place Canada Number of children including this one living 4 dead 1 Still-born 0 Occupation, if other than household duties -

MOTHER: Full name Mary Frances Smith Usual residence Ingersoll Age last birthday 26 Racial origin Canadian Birth-place Canada Number of children including this one living 4 dead 1 Still-born 0 Occupation, if other than household duties -

Name of Informant Herbert E Longfield Address Ingersoll Name of Physician in attendance Dr. Furlong Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 21

No. 4

County Offord Municipality Ingersoll  
 Street and Number Alexandra Macpherson  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Taylor

Given names in full Charles William

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Legitimate "Yes" "No" Yes

Date of Birth Mar 12th 1921

FATHER: Full name Charles William Taylor Usual residence Ingersoll Age last birthday 20 Racial origin Canadian Birth-place Ontario Occupation Auto Mechanic Trade or Profession Auto Mechanic Kind of Industry or business in which employed - Full maiden name Mary Francis Carter Usual residence Ingersoll Age last birthday 18 Racial origin Canadian Birth-place Ontario Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

MOTHER: Full name Mary Francis Carter Usual residence Ingersoll Age last birthday 18 Racial origin Canadian Birth-place Ontario Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Ada C. Hodges Address Ingersoll Name of Physician in attendance Dr. Connish Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 12/21

No. 9

County Offord Municipality Ingersoll  
 Street and Number William Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Furtney

Given names in full Charles Roy

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Legitimate "Yes" "No" Yes

Date of Birth Mar 10th 1921

FATHER: Full name Charles Leslie Furtney Usual residence P.R.I. Massey Age last birthday 24 Racial origin Canadian Birth-place Canada Occupation Farmer Trade or Profession Farmer Kind of Industry or business in which employed - Full maiden name Olive Louise Chute Usual residence P.R.I. Massey Age last birthday 25 Racial origin Canadian Birth-place Canada Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

MOTHER: Full name Olive Louise Chute Usual residence P.R.I. Massey Age last birthday 25 Racial origin Canadian Birth-place Canada Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Fred W. Keeler Address Ingersoll Name of Physician in attendance Dr. Furlong Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 22/21

No. 10

County Offord Municipality Ingersoll  
 Street and Number Shames Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Moon

Given names in full Harvey Albert

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Legitimate "Yes" "No" Yes

Date of Birth Mar 20th 1921

FATHER: Full name Jack Moon Usual residence Ingersoll Age last birthday 30 Racial origin English Birth-place England Occupation Painter Trade or Profession Painter Kind of Industry or business in which employed - Full maiden name Mabel Watts Usual residence Ingersoll Age last birthday 20 Racial origin English Birth-place England Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

MOTHER: Full name Mabel Watts Usual residence Ingersoll Age last birthday 20 Racial origin English Birth-place England Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Mrs. J. Baker Address Ingersoll Name of Physician in attendance Dr. Connish Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 20/21

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# BIRTHS

County of Offord

Division of Sagerssee

cheesman samuel cheesman emma knight ronals  
 frederick thomas jefford thorne beath elizabeth young mary ann  
 grieve clarence grieve glady's may bowman margaret isabel anderson  
 alexander anderson isabel margaret tait

No. 4

County Offord Municipality Sagerssee  
 Street and Number William Street  
 or Con. and Lot (U. in hospital, give name instead of street)

Surname Jones

Given names in full Marian Bernice

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate Yes

Date of Birth Mar 10th 1921

FATHER: Full name Osward Frederick Jones Usual residence Sagerssee Birth 19 Racial origin English Sagerssee Trade or Profession Coal Miner Kind of industry or business in which employed Coal Miner

MOTHER: Full maiden name Cara Elders Johnson Usual residence Sagerssee Birth 19 Racial origin English Ontario Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

No. 5

County Offord Municipality Sagerssee  
 Street and Number Charles Street  
 or Con. and Lot (U. in hospital, give name instead of street)

Surname Cheesman

Given names in full Samuel Cheesman

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate Yes

Date of Birth Mar 21st 1921

FATHER: Full name Samuel Cheesman Usual residence Sagerssee Birth 33 Racial origin English Ireland Trade or Profession Labourer Kind of industry or business in which employed -

MOTHER: Full maiden name Emma Knight Usual residence Sagerssee Birth 32 Racial origin English Ireland Number of children including this one living 3 dead 0 Still-born 0 Occupation, if other than household duties -

No. 6

County Offord Municipality Sagerssee  
 Street and Number William Street  
 or Con. and Lot (U. in hospital, give name instead of street)

Surname Grieve

Given names in full Clarence Grieve

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate Yes

Date of Birth Mar 26th 1921

FATHER: Full name Clarence Grieve Usual residence Sagerssee Birth 23 Racial origin Scottish Ontario Trade or Profession Merchant Kind of industry or business in which employed Coal Miner

MOTHER: Full maiden name Blady May Baupman Usual residence Sagerssee Birth 24 Racial origin English Ontario Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Osward Jones

Address Sagerssee

Name of Physician in attendance Dr. Jefferies

Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 10/21

Name of Informant Mrs Emma Cheesman

Address Sagerssee

Name of Physician in attendance Dr. Jefferies

Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 21/21

Name of Informant Clarence Grieve

Address Sagerssee

Name of Physician in attendance Dr. Carpenter

Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 26/21

No. 7

County Offord Municipality Sagerssee  
 Street and Number William Street  
 or Con. and Lot (U. in hospital, give name instead of street)

Surname Deansau

Given names in full Charles Deansau

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate Yes

Date of Birth Mar 12th 1921

FATHER: Full name Charles Deansau Usual residence Sagerssee Birth 36 Racial origin English Sagerssee Trade or Profession Mechanic Kind of industry or business in which employed Shoe Maker

MOTHER: Full maiden name Beatie McEwen Usual residence Sagerssee Birth 31 Racial origin Canadian Pictouville Number of children including this one living 3 dead 0 Still-born 0 Occupation, if other than household duties -

No. 8

County Offord Municipality Sagerssee  
 Street and Number Charles Street  
 or Con. and Lot (U. in hospital, give name instead of street)

Surname Thorne

Given names in full Frederick Hamilton Thorne

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate Yes

Date of Birth Mar 27th 1921

FATHER: Full name Frederick Hamilton Thorne Usual residence Sagerssee Birth 32 Racial origin English England Trade or Profession Coal Miner Kind of industry or business in which employed Shoe Maker

MOTHER: Full maiden name Elizabeth Young Usual residence Sagerssee Birth 32 Racial origin English England Number of children including this one living 3 dead 0 Still-born 0 Occupation, if other than household duties -

No. 9

County Offord Municipality Sagerssee  
 Street and Number William Street  
 or Con. and Lot (U. in hospital, give name instead of street)

Surname Anderson

Given names in full Alexander Anderson

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate Yes

Date of Birth Mar 27th 1921

FATHER: Full name Alexander Anderson Usual residence Sagerssee Birth 33 Racial origin Scottish Scotland Trade or Profession Cabinet Maker Kind of industry or business in which employed Shoe Maker

MOTHER: Full maiden name Beatie Margaret Tait Usual residence Sagerssee Birth 33 Racial origin Scottish Scotland Number of children including this one living 4 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Charles Deansau

Address Sagerssee

Name of Physician in attendance Dr. Williams

Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 19/21

Name of Informant J. J. Thorne

Address Sagerssee

Name of Physician in attendance Dr. Carpenter

Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 24/21

Name of Informant Alex Anderson

Address Sagerssee

Name of Physician in attendance Dr. Carpenter

Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 29/21

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I hereby certify that the above are correct registrations of Births filed with me during the month of

April 1921  
W. J. Smith D. R.



# BIRTHS

County of Offord

Division of Ingersoll

No. 11

County Offord Municipality Ingersoll  
Street and Number King Street  
or Cor. and Lot (If in hospital, give name instead of street)

Surname Jones

Given names in full William Earl

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Legitimate "Yes" "No" Yes

Date of Birth Mar 27th 1921

FATHER: Full name Charles Jones Jun Age last birthday 31

Usual residence Ingersoll

Racial origin Canadian Birth-place Ingersoll

Trade or Profession Salesman

Kind of industry or business in which employed -

Full maiden name Ellen Grace Jones

MOTHER: Usual residence Ingersoll Age last birthday 24

Racial origin British Birth-place Newland

Number of children including this one living 1 dead 0 Still-born 1

Occupation, if other than household duties -

Name of Informant Charles Jones Jun

Address Ingersoll

Name of Physician in attendance Dr. Cornish

Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 27/21

No. 2

County Offord Municipality Ingersoll  
Street and Number Wellington St  
or Cor. and Lot (If in hospital, give name instead of street)

Surname Said

Given names in full Thomas Ross

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Legitimate "Yes" "No" Yes

Date of Birth Mar 2nd 1921

FATHER: Full name Henry Said Age last birthday 24

Usual residence Ingersoll

Racial origin English Birth-place England

Trade or Profession Salesman

Kind of industry or business in which employed -

Full maiden name Ella Moke

MOTHER: Usual residence Ingersoll Age last birthday 32

Racial origin Irish Birth-place Ireland

Number of children including this one living 1 dead 0 Still-born 0

Occupation, if other than household duties -

Name of Informant Mrs Henry, Said

Address Ingersoll

Name of Physician in attendance Dr. Cornish

Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 27/21

No. 12

County Offord Municipality Ingersoll  
Street and Number Albion Street  
or Cor. and Lot (If in hospital, give name instead of street)

Surname Wheeler

Given names in full Violet Susan

Sex (M. or F.) F Twin or Triplet No Was child born alive Yes Legitimate "Yes" "No" Yes

Date of Birth Mar 17th 1921

FATHER: Full name Frank Wheeler Age last birthday 32

Usual residence Ingersoll

Racial origin Canadian Birth-place Canada

Trade or Profession Janitor

Kind of industry or business in which employed -

Full maiden name Bessie Kellaway

MOTHER: Usual residence Ingersoll Age last birthday 24

Racial origin English Birth-place England

Number of children including this one living 4 dead 0 Still-born 0

Occupation, if other than household duties -

Name of Informant Ada L. Houlges

Address Ingersoll

Name of Physician in attendance Dr. Cornish

Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 19/21

No. 3

County Offord Municipality Ingersoll  
Street and Number Franklin St  
or Cor. and Lot (If in hospital, give name instead of street)

Surname Wheeler

Given names in full Thomas

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Legitimate "Yes" "No" Yes

Date of Birth Mar 10th 1921

FATHER: Full name Richard Wheeler Age last birthday 32

Usual residence North Offord

Racial origin English Birth-place England

Trade or Profession Farmer

Kind of industry or business in which employed Farming

Full maiden name Mary Kettwell

MOTHER: Usual residence North Offord Age last birthday 33

Racial origin English Birth-place England

Number of children including this one living 6 dead 0 Still-born 0

Occupation, if other than household duties -

Name of Informant Richard Wheeler

Address Ingersoll

Name of Physician in attendance Dr. Rogers

Did physician give notice of this birth? No Date of receipt by D. R. Jan 21

No. 1

County Offord Municipality Ingersoll  
Street and Number Franklin Street  
or Cor. and Lot (If in hospital, give name instead of street)

Surname Stevenson

Given names in full Clara Nyle

Sex (M. or F.) F Twin or Triplet No Was child born alive Yes Legitimate "Yes" "No" Yes

Date of Birth Mar 20th 1921

FATHER: Full name Walter H. Stevenson Age last birthday 26

Usual residence Ingersoll

Racial origin White Birth-place Canada

Trade or Profession Carpenter

Kind of industry or business in which employed Building

Full maiden name Vesta Nyle Bloomfield

MOTHER: Usual residence Ingersoll Age last birthday 26

Racial origin White Birth-place Ontario

Number of children including this one living 3 dead 0 Still-born 0

Occupation, if other than household duties -

Name of Informant Walter H. Stevenson

Address Ingersoll

Name of Physician in attendance Dr. Cornish

Did physician give notice of this birth? Yes Date of receipt by D. R. -

No. 3

County Offord Municipality Ingersoll  
Street and Number Carnegie Street  
or Cor. and Lot (If in hospital, give name instead of street)

Surname Jones

Given names in full Edgar Alfred

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Legitimate "Yes" "No" Yes

Date of Birth Mar 22nd 1921

FATHER: Full name Edgar Alfred Jones Age last birthday 24

Usual residence Ingersoll

Racial origin English Birth-place Ingersoll

Trade or Profession Electrician

Kind of industry or business in which employed -

Full maiden name Violet Hanford

MOTHER: Usual residence Ingersoll Age last birthday 23

Racial origin English Birth-place Ingersoll

Number of children including this one living 1 dead 0 Still-born 0

Occupation, if other than household duties -

Name of Informant Edgar Alfred Jones

Address Ingersoll

Name of Physician in attendance Dr. Hanford

Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 22/21

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# BIRTHS

County of Alford

Division of Sugarsale

Margaret, Mary Emily, Richard, Charles, Margaret, Lorraine, Waring, Charley, Richard, Parrow, Richard, Parrow, Avelyn, Geraldine, Crane, Herbert, Crane, Florence, Mary, Truman.

THIS SPACE TO BE RESERVED FOR BINDING

No. 10

County Alford Municipality Sugarsale  
 Street and Number James Baker  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Matthews

Given names in full James Hamilton

Sex (M. or F.) M Was child born alive? Yes Legitimate? Yes

Date of Birth Mar 13th 1921

FATHER: Full name Carl Matthews Age last birthday 24  
 Usual residence Sugarsale  
 Racial origin English Birth-place Kentana  
 Occupation Machinist  
 Kind of industry or business in which employed Steel Works

MOTHER: Full maiden name Bernice Mabel Grayth Age last birthday 27  
 Usual residence Sugarsale  
 Racial origin English Birth-place Britania  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties None

No. 11

County Alford Municipality Sugarsale  
 Street and Number William Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Harigueau

Given names in full Harry Daniel

Sex (M. or F.) M Was child born alive? Yes Legitimate? Yes

Date of Birth Mar 17th 1921

FATHER: Full name Harry Harigueau Age last birthday 36  
 Usual residence Sugarsale  
 Racial origin English Birth-place England  
 Occupation Carpenter  
 Kind of industry or business in which employed Building

MOTHER: Full maiden name Mary Emily Nevele Age last birthday 30  
 Usual residence Sugarsale  
 Racial origin English Birth-place Warrich  
 Number of children including this one living 2 dead 0 Still-born 1  
 Occupation, if other than household duties None

No. 12

County Alford Municipality Sugarsale  
 Street and Number Carbone Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Barrow

Given names in full Charley Richard

Sex (M. or F.) M Was child born alive? Yes Legitimate? Yes

Date of Birth Mar 21st 1921

FATHER: Full name Richard Barrow Age last birthday 34  
 Usual residence Sugarsale  
 Racial origin English Birth-place England  
 Occupation Journalist  
 Kind of industry or business in which employed Journalist

MOTHER: Full maiden name Annie Hayward Age last birthday 30  
 Usual residence Sugarsale  
 Racial origin English Birth-place England  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties None

No. 13

County Alford Municipality Sugarsale  
 Street and Number James Baker  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Critchler

Given names in full Mary

Sex (M. or F.) F Was child born alive? Yes Legitimate? Yes

Date of Birth Apr 13th 1921

FATHER: Full name Alfred William C. Critchler Age last birthday 37  
 Usual residence Sugarsale  
 Racial origin English Birth-place England  
 Occupation Electrical Engineer  
 Kind of industry or business in which employed Electrical Engineer

MOTHER: Full maiden name Florence Crisp Age last birthday 34  
 Usual residence Sugarsale  
 Racial origin English Birth-place England  
 Number of children including this one living 3 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant Alfred W. C. Critchler  
 Address Sugarsale  
 Name of Physician in attendance Dr. Carrick  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 13/21

No. 14

County Alford Municipality Sugarsale  
 Street and Number Robertson Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Bartindale

Given names in full James Allan

Sex (M. or F.) M Was child born alive? Yes Legitimate? Yes

Date of Birth Mar 1st 1921

FATHER: Full name William Bartindale Age last birthday 37  
 Usual residence North Alford  
 Racial origin Scottish Birth-place Canada  
 Occupation Farmer  
 Kind of industry or business in which employed Farming

MOTHER: Full maiden name Margaret Anne Murray Age last birthday 33  
 Usual residence North Alford  
 Racial origin Irish Birth-place Canada  
 Number of children including this one living 3 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant Ada L. Haldge  
 Address Sugarsale  
 Name of Physician in attendance Dr. Carrick  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 1/21

No. 15

County Alford Municipality Sugarsale  
 Street and Number Alexander Macpherson  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Crane

Given names in full Evelyn Geraldine

Sex (M. or F.) F Was child born alive? Yes Legitimate? Yes

Date of Birth Apr 9th 1921

FATHER: Full name Sherbert Crane Age last birthday 43  
 Usual residence Sugarsale  
 Racial origin English Birth-place Britania  
 Occupation Labourer  
 Kind of industry or business in which employed Labourer

MOTHER: Full maiden name Florence Mary Truman Age last birthday 43  
 Usual residence Sugarsale  
 Racial origin English Birth-place England  
 Number of children including this one living 6 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant Ada L. Haldge  
 Address Sugarsale  
 Name of Physician in attendance Dr. Macdonald  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 11/21

I hereby certify that the above are correct registrations of Births filed with me during the month of April 1921



Elizabeth cover, Fred cover, Dorothy Agnes Stacey, Ronald George Richardson, Robert William Richardson, Daisy Charlotte Noble, James Arthur Hutchinson, John Hutchinson, Margaret Stevenson, Beatrice Fay Baigent, Herbert Arthur Baigent, Gladys Freeman, Allan Arthur Johnston, William John Johnston, Annie Adeline Roy

# BIRTHS

County of Offord

Division of Sugarsale

No. 16  
 County Offord Municipality Sugarsale  
 Street and Number Alexandra Hospital  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Thompson  
 Given names in full James Elaine  
 Sex (M. or F.) F Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Mar 27th 1921  
 Full name William Richard Thompson Age last birthday 28  
 Usual residence Sugarsale  
 Racial origin English Birth-place England  
 Trade or Profession Wood Carver  
 Kind of Industry or business in which employed Water Works  
 Full maiden name Caroline Buckley Age last birthday 33  
 Usual residence Sugarsale  
 Racial origin English Birth-place England  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties

No. 17  
 County Offord Municipality Sugarsale  
 Street and Number Alexandra Hospital  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Richardson  
 Given names in full Ronald George  
 Sex (M. or F.) M Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Mar 27th 1921  
 Full name Robert William Richardson Age last birthday 34  
 Usual residence Sugarsale  
 Racial origin Canadian Birth-place Ontario  
 Trade or Profession Labourer  
 Kind of Industry or business in which employed Screw Works  
 Full maiden name Daisy Charlotte Kelleher Age last birthday 32  
 Usual residence Sugarsale  
 Racial origin English Birth-place England  
 Number of children including this one living 7 dead 1 Still-born 1  
 Occupation, if other than household duties

No. 18  
 County Offord Municipality Sugarsale  
 Street and Number Alexandra Hospital  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Baigent  
 Given names in full Beatrice Fay  
 Sex (M. or F.) F Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Mar 21st 1921  
 Full name Herbert Arthur Baigent Age last birthday 47  
 Usual residence North Offord  
 Racial origin English Birth-place England  
 Trade or Profession Farmer  
 Kind of Industry or business in which employed  
 Full maiden name Gladys Freeman Age last birthday 19  
 Usual residence North Offord  
 Racial origin English Birth-place Ontario  
 Number of children including this one living 5 dead 0 Still-born 0  
 Occupation, if other than household duties

Name of Informant W. R. Thompson  
 Address Sugarsale  
 Name of Physician in attendance D. Carmach  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 27/21

Name of Informant Robt. W. Richardson  
 Address Sugarsale  
 Name of Physician in attendance D. Bunting  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 27/21

Name of Informant H. A. Baigent  
 Address North Offord  
 Name of Physician in attendance D. Carmach  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 27/21

No. 19  
 County Offord Municipality Sugarsale  
 Street and Number Alexandra Hospital  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Cover  
 Given names in full Fred Elizabeth  
 Sex (M. or F.) F Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Apr 12th 1921  
 Full name Fred Cover Age last birthday 29  
 Usual residence Salford  
 Racial origin English Birth-place England  
 Trade or Profession Labourer  
 Kind of Industry or business in which employed  
 Full maiden name Dorothy Agnes Stacey Age last birthday 25  
 Usual residence Salford  
 Racial origin English Birth-place England  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties

No. 20  
 County Offord Municipality Sugarsale  
 Street and Number Alexandra Hospital  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Hutchinson  
 Given names in full James Arthur  
 Sex (M. or F.) M Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Mar 27th 1921  
 Full name John Hutchinson Age last birthday 33  
 Usual residence Derham  
 Racial origin Scottish Birth-place Scotland  
 Trade or Profession Farmer  
 Kind of Industry or business in which employed  
 Full maiden name Margaret Stevenson Age last birthday 29  
 Usual residence Derham  
 Racial origin Scottish Birth-place Scotland  
 Number of children including this one living 4 dead 0 Still-born 0  
 Occupation, if other than household duties

No. 21  
 County Offord Municipality Sugarsale  
 Street and Number William Street  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Polmston  
 Given names in full Allan Arthur  
 Sex (M. or F.) M Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Mar 27th 1921  
 Full name William John Polmston Age last birthday 47  
 Usual residence Sugarsale  
 Racial origin Scottish Birth-place Scotland  
 Trade or Profession Mechanic  
 Kind of Industry or business in which employed  
 Full maiden name Annie Adeline Roy Age last birthday 44  
 Usual residence Sugarsale  
 Racial origin English Birth-place Ontario  
 Number of children including this one living 4 dead 0 Still-born 0  
 Occupation, if other than household duties

Name of Informant Ailsa C. Hedges  
 Address Sugarsale  
 Name of Physician in attendance D. Williams  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 19/21

Name of Informant Jos Hutchinson  
 Address Mrs. Elgin  
 Name of Physician in attendance D. Carmach  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 27/21

Name of Informant Ruby Polmston  
 Address Sugarsale  
 Name of Physician in attendance D. Carmach  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 27/21

I hereby certify that the above are correct registrations of Births filed with me during the month of April 1921

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

violence franklin wiley, newton james wiley, russell thomson, george russell thomson, bessie mabel zavitz, logo william mccliland, william henry mccliland, maud emily feehey, john allen derenzie mcmillan, archibald mcmillan, mary harriet allen, mary gwendolyn wilson, ernest albert wilson, sarah maud walsh, mary isabel beck, george beck, perla horsman horseman

County of Alfred

Division of Ingersoll

No. 22		No. 23		No. 24	
County <u>Alfred</u> Municipality <u>Ingersoll</u>		County <u>Alfred</u> Municipality <u>Ingersoll</u>		County <u>Alfred</u> Municipality <u>Ingersoll</u>	
Street and Number <u>Amis Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Meritt Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Amis Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Whaley</u>		Surname <u>McCliland</u>		Surname <u>Wilson</u>	
Given names in full <u>James Hamilton Whaley</u>		Given names in full <u>William Henry McCliland</u>		Given names in full <u>Ernest Albert Wilson</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	
Date of Birth <u>Apr 5th 1921</u>		Date of Birth <u>Apr 23rd 1921</u>		Date of Birth <u>Mar 29th 1921</u>	
Full name <u>William Henry Whaley</u> Age last birthday <u>0</u>		Full name <u>William Henry McCliland</u> Age last birthday <u>37</u>		Full name <u>Ernest Albert Wilson</u> Age last birthday <u>41</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>English</u> Birth-place <u>Ontario</u>		Racial origin <u>English</u> Birth-place <u>Ontario</u>		Racial origin <u>English</u> Birth-place <u>England</u>	
Trade or Profession <u>Book-Man</u>		Trade or Profession <u>Labourer</u>		Trade or Profession <u>Manufacturer</u>	
Kind of industry or business in which employed <u>Book Co.</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>Steel</u>	
Full maiden name <u>Rachel Busby</u> Age last birthday <u>26</u>		Full maiden name <u>Maud Emily Busby</u> Age last birthday <u>28</u>		Full maiden name <u>Sarah Maud Walsh</u> Age last birthday <u>41</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>English</u> Birth-place <u>Ontario</u>		Racial origin <u>English</u> Birth-place <u>England</u>		Racial origin <u>Canadian</u> Birth-place <u>Canada</u>	
Number of children including this one: living <u>3</u> dead <u>1</u> Still-born <u>0</u>		Number of children including this one: living <u>3</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one: living <u>3</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>Man</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>James Whaley</u>		Name of Informant <u>Wm. H. McCliland</u>		Name of Informant <u>E. Wilson</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Macdonald</u>		Name of Physician in attendance <u>Dr. Macdonald</u>		Name of Physician in attendance <u>Dr. Rogers</u>	
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Apr 7/21</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Apr 24/21</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Mar 29/21</u>	
No. 25		No. 26		No. 27	
County <u>Alfred</u> Municipality <u>Ingersoll</u>		County <u>Alfred</u> Municipality <u>Ingersoll</u>		County <u>Alfred</u> Municipality <u>Ingersoll</u>	
Street and Number <u>Amis Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Alexandre Kestelie</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Wall Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Thomson</u>		Surname <u>McMillan</u>		Surname <u>Beck</u>	
Given names in full <u>James Russell Thomson</u>		Given names in full <u>John Allan De Rensie</u>		Given names in full <u>Mary Louise Beck</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	
Date of Birth <u>Apr 4th 1921</u>		Date of Birth <u>Apr 26th 1921</u>		Date of Birth <u>Mar 16th 1921</u>	
Full name <u>James Russell Thomson</u> Age last birthday <u>41</u>		Full name <u>Archibald M. McMillan</u> Age last birthday <u>57</u>		Full name <u>George O. Beck</u> Age last birthday <u>37</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll P. 1</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>English</u> Birth-place <u>Ingersoll</u>		Racial origin <u>Scottish</u> Birth-place <u>England</u>		Racial origin <u>Canadian</u> Birth-place <u>Ingersoll</u>	
Trade or Profession <u>Merchant</u>		Trade or Profession <u>Farmer</u>		Trade or Profession <u>Merchant</u>	
Kind of industry or business in which employed <u>Service work</u>		Kind of industry or business in which employed <u>Farming</u>		Kind of industry or business in which employed <u>Merchant</u>	
Full maiden name <u>Bessie Mabel Gaulty</u> Age last birthday <u>33</u>		Full maiden name <u>Mary Harriet Allen</u> Age last birthday <u>39</u>		Full maiden name <u>Bera Harman</u> Age last birthday <u>28</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll P. 1</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>Scottish</u> Birth-place <u>Ontario</u>		Racial origin <u>Irish</u> Birth-place <u>Ireland</u>		Racial origin <u>Canadian</u> Birth-place <u>Ingersoll</u>	
Number of children including this one: living <u>4</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one: living <u>1</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one: living <u>2</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Geo. Russell Thomson</u>		Name of Informant <u>Ada C. Heald</u>		Name of Informant <u>Geo. O. Beck</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Macdonald</u>		Name of Physician in attendance <u>Dr. Rogers</u>		Name of Physician in attendance <u>Dr. Rogers</u>	
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Apr 7/21</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Apr 27/21</u>		Did physician give notice of this birth? <u>NO</u> Date of receipt by D. R. <u>-</u>	

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# BIRTHS

County of Albany Division of Ingersoll

No. 1

County Albany Municipality Ingersoll  
 Street and Number Madison Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Mckee  
 Given names in full Kenneth Gilbert

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth April 25th 1921

FATHER: Full name Walter Edgar Montgomery Usual residence Detroit Mich Age last birthday 30 Racial origin White English Birth-place Canada Minn. Trade or Profession Business Engineer Kind of industry or business in which employed Manufacturing

MOTHER: Full maiden name Adelina Belline Usual residence Detroit Age last birthday 20 Racial origin French English Birth-place Canada Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Ada to Schulger Address Ingersoll Name of Physician in attendance Dr. Carver Did physician give notice of this birth? Yes Date of receipt by D. R. April 26/21

No. 2

County Albany Municipality Ingersoll  
 Street and Number George Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Mckee  
 Given names in full Kenneth Gilbert

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth April 4th 1921

FATHER: Full name Frederick Gilbert Mckee Usual residence Ingersoll Age last birthday 29 Racial origin English Birth-place Ontario Trade or Profession Auto Repair Kind of industry or business in which employed Garage

MOTHER: Full maiden name Vera Agnes MacMillan Usual residence Ingersoll Age last birthday 24 Racial origin English Birth-place Ontario Number of children including this one living 2 dead 1 Still-born 1 Occupation, if other than household duties None

Name of Informant Fred Mckee Address Ingersoll Name of Physician in attendance Dr. Carver Did physician give notice of this birth? Yes Date of receipt by D. R. April 4/21

No. 3

County Albany Municipality Ingersoll  
 Street and Number James Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Roberts  
 Given names in full Charles

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth April 27th 1921

FATHER: Full name Charles Roberts Usual residence Ingersoll Age last birthday 26 Racial origin English Birth-place England Trade or Profession Dairyman Kind of industry or business in which employed -

MOTHER: Full maiden name Annie Bell Miller Usual residence Ingersoll Age last birthday 22 Racial origin English Birth-place Ontario Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Charles Roberts Address Ingersoll Name of Physician in attendance Dr. Carver Did physician give notice of this birth? Yes Date of receipt by D. R. April 27/21

No. 4

County Albany Municipality Ingersoll  
 Street and Number Delaware Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Flemming  
 Given names in full Burton Roy

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth April 27th 1921

FATHER: Full name Erwin Frank Flemming Usual residence Weschayle Age last birthday 25 Racial origin English Birth-place Ontario Trade or Profession Farmer Kind of industry or business in which employed Farming

MOTHER: Full maiden name Mabel Adelia Campbell Usual residence Weschayle Age last birthday 21 Racial origin English Birth-place Ontario Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Ada to Schulger Address Ingersoll Name of Physician in attendance Dr. Carver Did physician give notice of this birth? Yes Date of receipt by D. R. April 27/21

No. 5

County Albany Municipality Ingersoll  
 Street and Number Armadale Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Mckay  
 Given names in full Henry Orval

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth April 14th 1921

FATHER: Full name Henry Orval McKay Usual residence Ingersoll Age last birthday 30 Racial origin Canadian Birth-place Ontario Trade or Profession Mechanical Kind of industry or business in which employed -

MOTHER: Full maiden name Alice Maud McKay Usual residence Ingersoll Age last birthday 30 Racial origin Canadian Birth-place Ontario Number of children including this one living 5 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Henry O McKay Address Ingersoll Name of Physician in attendance Dr. Carver Did physician give notice of this birth? Yes Date of receipt by D. R. April 14/21

No. 6

County Albany Municipality Ingersoll  
 Street and Number William Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Hoenseheid  
 Given names in full Eleanor Marie

Sex (M. or F.) F Twin or Triplet No Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth April 15th 1921

FATHER: Full name Peter Hoenseheid Usual residence Ingersoll Age last birthday 43 Racial origin German Birth-place United States Trade or Profession Mechanical Kind of industry or business in which employed Drice Works

MOTHER: Full maiden name Rose Mensewsky Usual residence Ingersoll Age last birthday 29 Racial origin German Birth-place Germany Number of children including this one living 4 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Mrs E Andrews Address Ingersoll Name of Physician in attendance Dr. Carver Did physician give notice of this birth? Yes Date of receipt by D. R. April 14/21

THIS SPACE, TO BE RESERVED FOR BINDING



# BIRTHS

married beatrice gibb, mary adelaide mcgras, cecil kenneth moares,  
 lois graham, annie isabella coombs, james henry coombs, annie rox  
 coombs

County of Alford

Division of Ingersoll

No. <u>6</u>	No. <u>7</u>	No. <u>8</u>
County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number <u>Canine</u> or Con. and Lot (If in hospital, give name instead of street)	County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number <u>Bea Street</u> or Con. and Lot (If in hospital, give name instead of street)	County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number <u>James Street</u> or Con. and Lot (If in hospital, give name instead of street)
Surname <u>Mitchell</u>	Surname <u>March</u>	Surname <u>Moore</u>
Given names in full <u>Donald Bruce</u>	Given names in full <u>Gertrude</u>	Given names in full <u>Mary Adelaide</u>
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate "Yes" "No" <u>Yes</u>	Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate "Yes" "No" <u>Yes</u>	Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate "Yes" "No" <u>Yes</u>
Date of Birth <u>May 11th 1921</u>	Date of Birth <u>May 11th 1921</u>	Date of Birth <u>May 12th 1921</u>
<b>FATHER</b> Full name <u>William Bruce Mitchell</u> Usual residence <u>London Ingersoll</u> Age last birthday <u>30</u> Racial origin <u>Canadian</u> Birth-place <u>Ontario</u> Trade or Profession <u>Civil Engineer</u> Kind of industry or business in which employed <u>Contractor</u>	<b>FATHER</b> Full name <u>Samuel March</u> Usual residence <u>Ingersoll</u> Age last birthday <u>46</u> Racial origin <u>Irish</u> Birth-place <u>Quebec</u> Trade or Profession <u>Labourer</u> Kind of industry or business in which employed <u>Working Co.</u>	<b>FATHER</b> Full name <u>Cecil Kenneth Moore</u> Usual residence <u>Ingersoll</u> Age last birthday <u>25</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>Farming</u>
<b>MOTHER</b> Full maiden name <u>Winifred Irene Day</u> Usual residence <u>London, ON</u> Age last birthday Racial origin <u>Canadian</u> Birth-place <u>Ontario</u> Number of children including this one living <u>0</u> dead <u>0</u> Still-born <u>1</u> Occupation, if other than household duties <u>None</u>	<b>MOTHER</b> Full maiden name <u>Rose Eschscholtz</u> Usual residence <u>Ingersoll</u> Age last birthday <u>40</u> Racial origin <u>Irish</u> Birth-place <u>Quebec</u> Number of children including this one living <u>2</u> dead <u>1</u> Still-born <u>0</u> Occupation, if other than household duties	<b>MOTHER</b> Full maiden name <u>Eden Fairbairn</u> Usual residence <u>Ingersoll</u> Age last birthday <u>24</u> Racial origin <u>Scottish</u> Birth-place <u>United States</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties
Name of Informant <u>William B. Mitchell</u> Address <u>London, Ont.</u> Name of Physician in attendance <u>Dr. Williams</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 11/21</u>	Name of Informant <u>Samuel March</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Cameron</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 2/21</u>	Name of Informant <u>Cecil Kenneth Moore</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Cameron</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 12/21</u>
No. <u>9</u>	No. <u>10</u>	No. <u>1</u>
County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number <u>Bea Street</u> or Con. and Lot (If in hospital, give name instead of street)	County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number <u>Alexandra Hospital</u> or Con. and Lot (If in hospital, give name instead of street)	County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number <u>James Street</u> or Con. and Lot (If in hospital, give name instead of street)
Surname <u>Ranger</u>	Surname <u>Bonyant</u>	Surname <u>Coombs</u>
Given names in full <u>Leslie Carl</u>	Given names in full <u>Arthur Bonyant</u>	Given names in full <u>James Henry Coombs</u>
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate "Yes" "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate "Yes" "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate "Yes" "No" <u>Yes</u>
Date of Birth <u>May 13th 1921</u>	Date of Birth <u>May 22nd 1921</u>	Date of Birth <u>May 19th 1921</u>
<b>FATHER</b> Full name <u>Leslie John Ranger</u> Usual residence <u>Ingersoll</u> Age last birthday <u>31</u> Racial origin <u>English</u> Birth-place <u>Ingersoll</u> Trade or Profession <u>Bus Agent</u> Kind of industry or business in which employed <u>Can. Express Co.</u>	<b>FATHER</b> Full name <u>Arthur Bonyant</u> Usual residence <u>Newark</u> Age last birthday <u>41</u> Racial origin <u>Irish</u> Birth-place <u>Alford</u> Trade or Profession <u>Labourer</u> Kind of industry or business in which employed <u>Lumbering</u>	<b>FATHER</b> Full name <u>James Henry Coombs</u> Usual residence <u>Ingersoll</u> Age last birthday <u>21</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Fireman</u> Kind of industry or business in which employed <u>Meat Packing</u>
<b>MOTHER</b> Full maiden name <u>Marion Carl Whitehead</u> Usual residence <u>Ingersoll</u> Age last birthday <u>26</u> Racial origin <u>Scottish</u> Birth-place <u>Ontario</u> Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties	<b>MOTHER</b> Full maiden name <u>Edith Beatrice Hild</u> Usual residence <u>Newark</u> Age last birthday <u>39</u> Racial origin <u>Scottish</u> Birth-place <u>Quebec</u> Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties	<b>MOTHER</b> Full maiden name <u>Annie Bonnie Coombs</u> Usual residence <u>Ingersoll</u> Age last birthday <u>24</u> Racial origin <u>Canadian</u> Birth-place <u>Ingersoll</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties
Name of Informant <u>L. J. Ranger</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Cameron</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 13/21</u>	Name of Informant <u>Edna L. Hedges</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Cameron</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 23/21</u>	Name of Informant <u>Mr. James Coombs</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Cameron</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 19/21</u>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of May 1921



# BIRTHS

James douglas bichner, frederick albert bichner, sam evelyn haines, edna schecter, harry shecter, ruby gerofsky, claude edward wright, william edward wright, alwilda pauline newton, robert kenneth mcCreery, samuel mcCreery, laretta edmunds, silena jane losee, richard lose, ussie silena gemstone crutcher, harry lloyd bowler, john campaign bowler, clara myrtle berry.

County of Alford Division of Dagersall

No. 2		No. 3		No. 4	
County <u>Alford</u> Municipality <u>Dagersall</u>		County <u>Alford</u> Municipality <u>Dagersall</u>		County <u>Alford</u> Municipality <u>Dagersall</u>	
Street and Number or Con. and Lot <u>Charles Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Charles Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Richards Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Bichener</u>		Surname <u>Wright</u>		Surname <u>Rose</u>	
Given names in full <u>James Douglas</u>		Given names in full <u>Claude Edward</u>		Given names in full <u>Silena Jane</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	
Date of Birth <u>June 5th 1921</u>		Date of Birth <u>June 5th 1921</u>		Date of Birth <u>May 23rd 1921</u>	
Full name <u>Richard Albert Bichener</u>		Full name <u>William Edward Wright</u>		Full name <u>Richard Rose</u>	
Usual residence <u>Dagersall</u> Age last birthday <u>26</u>		Usual residence <u>Dagersall</u> Age last birthday <u>20</u>		Usual residence <u>Dagersall</u> Age last birthday <u>35</u>	
Racial origin <u>English</u> Birth-place <u>England</u>		Racial origin <u>English</u> Birth-place <u>England</u>		Racial origin <u>English</u> Birth-place <u>England</u>	
Trade or Profession <u>Labourer</u>		Trade or Profession <u>Labourer</u>		Trade or Profession <u>Mechanic</u>	
Kind of industry or business in which employed <u>Common</u>		Kind of industry or business in which employed <u>Railway</u>		Kind of industry or business in which employed <u>Shoe Co.</u>	
Full maiden name <u>Edith Evelyn Bichener</u>		Full maiden name <u>Alwilda Pauline Newton</u>		Full maiden name <u>Clara Myrtle Bower</u>	
Usual residence <u>Dagersall</u> Age last birthday <u>26</u>		Usual residence <u>Dagersall</u> Age last birthday <u>21</u>		Usual residence <u>Dagersall</u> Age last birthday <u>35</u>	
Racial origin <u>English</u> Birth-place <u>England</u>		Racial origin <u>English</u> Birth-place <u>Ontario</u>		Racial origin <u>English</u> Birth-place <u>England</u>	
Number of children including this one living <u>0</u> dead <u>1</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Paul A Bichener</u>		Name of Informant <u>Wm Wright</u>		Name of Informant <u>R Rose</u>	
Address <u>Dagersall</u>		Address <u>Dagersall</u>		Address <u>Dagersall</u>	
Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Conrich</u>		Name of Physician in attendance <u>Dr. McDonald</u>	
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 6/21</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 2/21</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>May 23/21</u>	
No. 5		No. 1		No. 2	
County <u>Alford</u> Municipality <u>Dagersall</u>		County <u>Alford</u> Municipality <u>Dagersall</u>		County <u>Alford</u> Municipality <u>Dagersall</u>	
Street and Number or Con. and Lot <u>Charles Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Richards Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Richards Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Shecter</u>		Surname <u>McCreery</u>		Surname <u>Bower</u>	
Given names in full <u>Roscoe</u>		Given names in full <u>Robert Kenneth</u>		Given names in full <u>Harry Edward</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>-</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	
Date of Birth <u>June 15th 1921</u>		Date of Birth <u>June 15th 1921</u>		Date of Birth <u>July 5th 1921</u>	
Full name <u>Henry Shecter</u>		Full name <u>Samuel J McCreery</u>		Full name <u>John Campaign Bower</u>	
Usual residence <u>Dagersall</u> Age last birthday <u>27</u>		Usual residence <u>Dagersall</u> Age last birthday <u>36</u>		Usual residence <u>London</u> Age last birthday <u>46</u>	
Racial origin <u>Jew</u> Birth-place <u>Russia</u>		Racial origin <u>Irish</u> Birth-place <u>Ireland</u>		Racial origin <u>English</u> Birth-place <u>England</u>	
Trade or Profession <u>Mechanic</u>		Trade or Profession <u>Labourer</u>		Trade or Profession <u>Traveller</u>	
Kind of industry or business in which employed <u>Dry goods</u>		Kind of industry or business in which employed <u>Traveller</u>		Kind of industry or business in which employed <u>Traveller</u>	
Full maiden name <u>Ruby Gerofsky</u>		Full maiden name <u>Lauretta Edmunds</u>		Full maiden name <u>Clara Myrtle Bower</u>	
Usual residence <u>Dagersall</u> Age last birthday <u>23</u>		Usual residence <u>Dagersall</u> Age last birthday <u>25</u>		Usual residence <u>London</u> Age last birthday <u>28</u>	
Racial origin <u>Jew</u> Birth-place <u>Russia</u>		Racial origin <u>English</u> Birth-place <u>Ontario</u>		Racial origin <u>English</u> Birth-place <u>England</u>	
Number of children including this one living <u>1</u> dead <u>1</u> Still-born <u>0</u>		Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>None</u>	
Name of Informant <u>Henry Shecter</u>		Name of Informant <u>Mrs J McCreery</u>		Name of Informant <u>J. Bower</u>	
Address <u>Dagersall</u>		Address <u>Dagersall</u>		Address <u>London</u>	
Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. McDonald</u>		Name of Physician in attendance <u>Dr. Williams</u>	
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 4/21</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 4/21</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 2/21</u>	

I hereby certify that the above are correct registrations of Births filed with me during the month of June & July 1921

D. R.

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

Arthur John Maxwell Webster, Olive Maud Graydon, June Isabel Charles Wasley Riley, Margaret May White, William Arthur Gunn, William Gunn, Ethel Rogers, Lorna Marguerite Camm, George Camm, Minnie Postlethwaite

County of Illand

Division of Illand

No. 3

County Illand Municipality Illand  
 Street and Number Wanda Street  
 or Con. and Lot 10  
(If in hospital, give name instead of street)

Surname Robinson

Given names in full June

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth June 19th 1921

FATHER: Full name Herbert O Robinson Usual residence Illand Age last birthday 24  
 Racial origin English Birth Ontario  
 Trade or Profession Butcher  
 Kind of industry or business in which employed Tacking Co

MOTHER: Full maiden name Gene White Usual residence Illand Age last birthday 16  
 Racial origin English Birth Illand  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Mrs. Herb O Robinson

Address Illand

Name of Physician in attendance Dr. Furlong

Did physician give notice of this birth? Yes Date of receipt by D. R. July 1/21

No. 6

County Illand Municipality Illand  
 Street and Number Wanda Street  
 or Con. and Lot 10  
(If in hospital, give name instead of street)

Surname Barrow

Given names in full Arthur Eugene

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth June 30th 1921

FATHER: Full name Hugh Barrow Usual residence Illand Age last birthday 26  
 Racial origin English Birth Illand  
 Trade or Profession Mechanic  
 Kind of industry or business in which employed Machine Shop

MOTHER: Full maiden name Beatrice Matilda Bell Usual residence Illand Age last birthday 18  
 Racial origin English Birth Illand  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Hugh Barrow

Address Illand

Name of Physician in attendance Dr. Furlong

Did physician give notice of this birth? Yes Date of receipt by D. R. July 2/21

No. 4

County Illand Municipality Illand  
 Street and Number Victoria Street  
 or Con. and Lot 11  
(If in hospital, give name instead of street)

Surname Webster

Given names in full Arthur John Maxwell Webster

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth July 15th 1921

FATHER: Full name Arthur John Maxwell Webster Usual residence Illand Age last birthday 26  
 Racial origin English Birth Illand  
 Trade or Profession Mechanic  
 Kind of industry or business in which employed Steel

MOTHER: Full maiden name Olive Maud Graydon Usual residence Illand Age last birthday 22  
 Racial origin Canadian Birth Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant Arthur Webster

Address Illand

Name of Physician in attendance Dr. Carrick

Did physician give notice of this birth? Yes Date of receipt by D. R. July 16/21

No. 7

County Illand Municipality Illand  
 Street and Number Carl Street  
 or Con. and Lot 10  
(If in hospital, give name instead of street)

Surname Riley

Given names in full June Isabel Ruth

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth June 25th 1921

FATHER: Full name Charles Wesley Riley Usual residence Illand Age last birthday 33  
 Racial origin English Birth Quebec  
 Trade or Profession Cheese Exporter  
 Kind of industry or business in which employed -

MOTHER: Full maiden name Margaret Ethel May White Usual residence Illand Age last birthday 29  
 Racial origin English Birth Ontario  
 Number of children including this one living 3 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant W. Riley

Address Illand

Name of Physician in attendance Dr. Carrick

Did physician give notice of this birth? Yes Date of receipt by D. R. June 25th 1921

No. 5

County Illand Municipality Illand  
 Street and Number Wanda Street  
 or Con. and Lot 10  
(If in hospital, give name instead of street)

Surname Gunn

Given names in full William Arthur

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth April 6th 1921

FATHER: Full name William A Gunn Usual residence St. Burwell Age last birthday 34  
 Racial origin English Birth St. Burwell  
 Trade or Profession Farmer  
 Kind of industry or business in which employed Farming

MOTHER: Full maiden name Ethel Rogers Usual residence Illand Age last birthday 22  
 Racial origin English Birth Quebec  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties School Teacher

Name of Informant Ed Carrick

Address Illand

Name of Physician in attendance Dr. Carrick

Did physician give notice of this birth? Yes Date of receipt by D. R. April 6/21

No. 9

County Illand Municipality Illand  
 Street and Number Wanda Street  
 or Con. and Lot 10  
(If in hospital, give name instead of street)

Surname Camm

Given names in full Lorna Marguerite

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth July 11th 1921

FATHER: Full name George Camm Usual residence Illand Age last birthday 45  
 Racial origin English Birth Quebec  
 Trade or Profession Labourer  
 Kind of industry or business in which employed Stew Works

MOTHER: Full maiden name Minnie Postlethwaite Usual residence Illand Age last birthday 35  
 Racial origin English Birth England  
 Number of children including this one living 3 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant George Camm

Address Illand

Name of Physician in attendance Dr. Carrick

Did physician give notice of this birth? Yes Date of receipt by D. R. July 12/21

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1921

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

sutherland mason, ernest mason, eva birds sutherland, frances phillips, louis fred mosherly, mary jane burns, william charles kerr, francis henry kerr, katharine mckay, sarah madeline silverthorne, john silverthorne, emma adelia rowsom, william bush, batvey bush, catleen parker

County of Albion

Division of Suzeress

No. 1	No. 2	No. 3
County <u>Albion</u> Municipality <u>Suzeress</u> Street and Number <u>Oliver Street</u> or Con. and Lot <u>(If in hospital, give name of street)</u>	County <u>Albion</u> Municipality <u>Suzeress</u> Street and Number <u>James Street</u> or Con. and Lot <u>(If in hospital, give name of street)</u>	County <u>Albion</u> Municipality <u>Suzeress</u> Street and Number <u>Albion Hospital</u> or Con. and Lot <u>(If in hospital, give name of street)</u>
Surname <u>Burke</u>	Surname <u>McSherry</u>	Surname <u>Silverthorne</u>
Given names in full <u>John Campbell</u>	Given names in full <u>Charles Albert</u>	Given names in full <u>Donald Madeline</u>
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>July 24th 1921</u>	Date of Birth <u>July 24th 1921</u>	Date of Birth <u>July 25th 1921</u>
FATHER: Full name <u>John Campbell</u> Age last birthday <u>23</u> Usual residence <u>Suzeress</u> Racial origin <u>Irish</u> Birth-place <u>Ontario</u> Trade or Profession <u>None</u> Kind of industry or business in which employed <u>P.R. Railway</u>	FATHER: Full name <u>Samuel McSherry</u> Age last birthday <u>39</u> Usual residence <u>Suzeress</u> Racial origin <u>Irish</u> Birth-place <u>Suzeress</u> Trade or Profession <u>Driver</u> Kind of industry or business in which employed <u>-</u>	FATHER: Full name <u>John Silverthorne</u> Age last birthday <u>30</u> Usual residence <u>Wentworth</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Trade or Profession <u>These Maker</u> Kind of industry or business in which employed <u>-</u>
MOTHER: Full maiden name <u>Oliver Muttel Campbell</u> Age last birthday <u>21</u> Usual residence <u>Suzeress</u> Racial origin <u>Irish</u> Birth-place <u>Ontario</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER: Full maiden name <u>Mary Jane Burns</u> Age last birthday <u>30</u> Usual residence <u>Suzeress</u> Racial origin <u>Irish</u> Birth-place <u>Suzeress</u> Number of children including this one living <u>6</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER: Full maiden name <u>Anna Adelia Rowsom</u> Age last birthday <u>23</u> Usual residence <u>Wentworth</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>
Name of Informant <u>H. E. Burke</u>	Name of Informant <u>L. J. McSherry</u>	Name of Informant <u>L. Forbes</u>
Address <u>Suzeress</u>	Address <u>Suzeress</u>	Address <u>Suzeress</u>
Name of Physician in attendance <u>D. Linnick</u>	Name of Physician in attendance <u>D. Rogers</u>	Name of Physician in attendance <u>D. Linnick</u>
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 25/21</u>	Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 24/21</u>	Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 25/21</u>
County <u>Albion</u> Municipality <u>Suzeress</u> Street and Number <u>Albion Hospital</u> or Con. and Lot <u>(If in hospital, give name of street)</u>	County <u>Albion</u> Municipality <u>Suzeress</u> Street and Number <u>James Street</u> or Con. and Lot <u>(If in hospital, give name of street)</u>	County <u>Albion</u> Municipality <u>Suzeress</u> Street and Number <u>Albion Hospital</u> or Con. and Lot <u>(If in hospital, give name of street)</u>
Surname <u>Mason</u>	Surname <u>Kerr</u>	Surname <u>Bush</u>
Given names in full <u>Ernest Massey</u>	Given names in full <u>Francis Henry Kerr</u>	Given names in full <u>Harvey Bush</u>
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>July 24th 1921</u>	Date of Birth <u>July 25th 1921</u>	Date of Birth <u>Aug 19th 1921</u>
FATHER: Full name <u>Ernest Massey</u> Age last birthday <u>24</u> Usual residence <u>Suzeress</u> Racial origin <u>Canadian</u> Birth-place <u>Ontario</u> Trade or Profession <u>Barber</u> Kind of industry or business in which employed <u>Marrows Co.</u>	FATHER: Full name <u>Francis Henry Kerr</u> Age last birthday <u>30</u> Usual residence <u>Suzeress</u> Racial origin <u>Canadian</u> Birth-place <u>Suzeress</u> Trade or Profession <u>Butcher</u> Kind of industry or business in which employed <u>-</u>	FATHER: Full name <u>Harvey Bush</u> Age last birthday <u>22</u> Usual residence <u>Suzeress</u> Racial origin <u>Canadian</u> Birth-place <u>Ontario</u> Trade or Profession <u>Labourer</u> Kind of industry or business in which employed <u>Coal mines</u>
MOTHER: Full maiden name <u>Anna Pauline Sutherland</u> Age last birthday <u>33</u> Usual residence <u>Suzeress</u> Racial origin <u>Canadian</u> Birth-place <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER: Full maiden name <u>Katharine M. McKay</u> Age last birthday <u>22</u> Usual residence <u>Suzeress</u> Racial origin <u>Canadian</u> Birth-place <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER: Full maiden name <u>Catleen Rowsom</u> Age last birthday <u>21</u> Usual residence <u>Suzeress</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>0</u> dead <u>0</u> Still-born <u>1</u> Occupation, if other than household duties <u>-</u>
Name of Informant <u>Mrs Ernest Massey</u>	Name of Informant <u>J. H. Kerr</u>	Name of Informant <u>A. Bonaparte</u>
Address <u>Suzeress</u>	Address <u>Suzeress</u>	Address <u>Suzeress</u>
Name of Physician in attendance <u>D. Linnick</u>	Name of Physician in attendance <u>D. Linnick</u>	Name of Physician in attendance <u>D. Linnick</u>
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 19/21</u>	Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 25/21</u>	Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Aug 20/21</u>

I hereby certify that the above are correct registrations of Births filed with me during the month of August 1921

D. R.

THIS SPACE TO BE RESERVED FOR BINDING



Henry David Adams, John Adams, Marjorie Martin, Nelson William Waterman, George Nelson Waterman, Grace Taylor, Frank Stacey, Charles Snipes, John James Macdonald, Isabelle Davidson, Marjorie Grace Titus, Charles Laronzie Titus, Mary Jane Kennedy

# BIRTHS

County of Alford

Division of Sugerssee

THIS SPACE TO BE RESERVED FOR BINDING

No. 4  
 County Alford Municipality Sugerssee  
 Street and Number Henry Street  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Douglas  
 Given names in full William Robert Bruce  
 Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" "No" Yes  
 Date of Birth Aug 13th 1921  
 Full name William B Douglas Age last birthday 27  
 Usual residence Sugerssee  
 FATHER: Racial origin Canadian Birth-place Sugerssee  
 Trade or Profession Merchant  
 Kind of industry or business in which employed Printed Matter  
 Full maiden name Mary Kathleen Penning Age last birthday 26  
 Usual residence Sugerssee  
 MOTHER: Racial origin Canadian Birth-place Ontario  
 Number of children including this one living 4 dead 0 Still-born 0  
 Occupation, if other than household duties None  
 Name of Informant Wm B Douglas  
 Address Sugerssee  
 Name of Physician in attendance Dr. Furlong  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 14/21

No. 5  
 County Alford Municipality Sugerssee  
 Street and Number John Street  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Waterman  
 Given names in full Nelson William  
 Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" "No" Yes  
 Date of Birth Aug 19th 1921  
 Full name Nelson William Waterman Age last birthday 26  
 Usual residence Sugerssee  
 FATHER: Racial origin Canadian Birth-place Ontario  
 Trade or Profession Truck Driver  
 Kind of industry or business in which employed -  
 Full maiden name Grace Taylor Age last birthday 23  
 Usual residence Sugerssee  
 MOTHER: Racial origin English Birth-place England  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant Mrs W J Taylor  
 Address Sugerssee  
 Name of Physician in attendance Dr. Furlong  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 19/21

No. 6  
 County Alford Municipality Sugerssee  
 Street and Number Beulah Road  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Macdonald  
 Given names in full John James  
 Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" "No" Yes  
 Date of Birth Sept 2nd 1921  
 Full name John Macdonald Age last birthday 24  
 Usual residence Beachville  
 FATHER: Racial origin Scottish Birth-place Scotland  
 Trade or Profession Blacksmith  
 Kind of industry or business in which employed -  
 Full maiden name Isabelle Davidson Age last birthday 21  
 Usual residence Beachville  
 MOTHER: Racial origin Scottish Birth-place Scotland  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant C. Farber  
 Address Sugerssee  
 Name of Physician in attendance Dr. Carrish  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Sept 2/21

No. 7  
 County Alford Municipality Sugerssee  
 Street and Number Henry Street  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Adams  
 Given names in full Henry David  
 Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" "No" Yes  
 Date of Birth Aug 17th 1921  
 Full name John Adams Age last birthday 34  
 Usual residence Sugerssee  
 FATHER: Racial origin Scottish Birth-place Scotland  
 Trade or Profession Fertilizer  
 Kind of industry or business in which employed Stationary Engine  
 Full maiden name Martha Martin Age last birthday 32  
 Usual residence Sugerssee  
 MOTHER: Racial origin Scottish Birth-place Scotland  
 Number of children including this one living 7 dead 0 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant John Adams  
 Address Sugerssee  
 Name of Physician in attendance Dr. Furlong  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 17/21

No. 8  
 County Alford Municipality Sugerssee  
 Street and Number Meritt Street  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Stacey  
 Given names in full Frank Stacey  
 Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" "No" Yes  
 Date of Birth Sept 14th 1921  
 Full name Frank Stacey Age last birthday 42  
 Usual residence Sugerssee  
 FATHER: Racial origin English Birth-place England  
 Trade or Profession Labourer  
 Kind of industry or business in which employed -  
 Full maiden name Elizabeth Snipes Age last birthday 35  
 Usual residence Sugerssee  
 MOTHER: Racial origin English Birth-place England  
 Number of children including this one living 8 dead 2 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant Frank Stacey  
 Address Sugerssee  
 Name of Physician in attendance Dr. Furlong  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Sept 14/21

No. 9  
 County Alford Municipality Sugerssee  
 Street and Number Camogie Street  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Titus  
 Given names in full Marjorie Grace  
 Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" "No" Yes  
 Date of Birth Aug 29th 1921  
 Full name Charles Laronzie Titus Age last birthday 48  
 Usual residence Sugerssee  
 FATHER: Racial origin Irish Birth-place Ontario  
 Trade or Profession Labourer  
 Kind of industry or business in which employed -  
 Full maiden name Mary Jane Kennedy Age last birthday 49  
 Usual residence Sugerssee  
 MOTHER: Racial origin Irish Birth-place Ontario  
 Number of children including this one living 6 dead 0 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant Charles L Titus  
 Address Sugerssee  
 Name of Physician in attendance Dr. Furlong  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 29/21

I hereby certify that the above are correct registrations of Births filed with me during the month of September 1921

1921 D. B.



# BIRTHS

County of Alford

Division of Surgeons

No. 1		No. 2		No. 3	
County <u>Alford</u> Municipality <u>Surgeons</u> Street and Number <u>James Street</u> or Con. and Lot (If in hospital, give name instead of street)		County <u>Alford</u> Municipality <u>Surgeons</u> Street and Number <u>James Street</u> or Con. and Lot (If in hospital, give name instead of street)		County <u>Alford</u> Municipality <u>Surgeons</u> Street and Number <u>James Street</u> or Con. and Lot (If in hospital, give name instead of street)	
Surname <u>Simister</u>		Surname <u>McLeod</u>		Surname <u>Dunn</u>	
Given names in full <u>Wendy Mary Bruce</u>		Given names in full <u>Joseph Eugene Higgins</u>		Given names in full <u>Harold August</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>	
Date of Birth <u>Aug 21st 1921</u>		Date of Birth <u>July 31st 1921</u>		Date of Birth <u>Aug 11th 1921</u>	
FATHER: Full name <u>Richard Douglas Simister</u> Usual residence <u>Surgeons</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Tradesman</u> Kind of industry or business in which employed <u>-</u>		FATHER: Full name <u>Charles Hugh McLeod</u> Usual residence <u>Surgeons</u> Racial origin <u>Scottish</u> Birth-place <u>Ontario</u> Trade or Profession <u>Concrete Man</u> Kind of industry or business in which employed <u>-</u>		FATHER: Full name <u>Walter James Dunn</u> Usual residence <u>Surgeons</u> Racial origin <u>English</u> Birth-place <u>Ottawa</u> Trade or Profession <u>Bank Manager</u> Kind of industry or business in which employed <u>-</u>	
MOTHER: Full maiden name <u>Wendy Mary Aston</u> Usual residence <u>Surgeons</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Sue Gladys Crellin</u> Usual residence <u>Surgeons</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Violet Griselda Clayton</u> Usual residence <u>Surgeons</u> Racial origin <u>English</u> Birth-place <u>Ottawa</u> Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Alex D Simister</u> Address <u>Surgeons</u> Name of Physician in attendance <u>Dr. Ferguson</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>-</u>		Name of Informant <u>Harold Hugh McLeod</u> Address <u>Surgeons</u> Name of Physician in attendance <u>Dr. Rogers</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>July 31/21</u>		Name of Informant <u>W. J. Dunn</u> Address <u>Surgeons</u> Name of Physician in attendance <u>Dr. Cameron</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Aug 12/21</u>	
No. 1		No. 2		No. 3	
County <u>Alford</u> Municipality <u>Surgeons</u> Street and Number <u>Charles Street</u> or Con. and Lot (If in hospital, give name instead of street)		County <u>Alford</u> Municipality <u>Surgeons</u> Street and Number <u>James Street</u> or Con. and Lot (If in hospital, give name instead of street)		County <u>Alford</u> Municipality <u>Surgeons</u> Street and Number <u>James Street</u> or Con. and Lot (If in hospital, give name instead of street)	
Surname <u>Harland</u>		Surname <u>Sutherland</u>		Surname <u>Winlaw</u>	
Given names in full <u>Bealie Robert</u>		Given names in full <u>James</u>		Given names in full <u>John Clark</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Legitimate <u>Yes</u>	
Date of Birth <u>Aug 1st 1921</u>		Date of Birth <u>Sept 6th 1921</u>		Date of Birth <u>Aug 29th 1921</u>	
FATHER: Full name <u>Robert Arthur Harland</u> Usual residence <u>Surgeons</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Seaman</u> Kind of industry or business in which employed <u>-</u>		FATHER: Full name <u>William James Sutherland</u> Usual residence <u>Surgeons</u> Racial origin <u>Canadian</u> Birth-place <u>Canada</u> Trade or Profession <u>Solator</u> Kind of industry or business in which employed <u>Building Trade</u>		FATHER: Full name <u>Walter Francis Winlaw</u> Usual residence <u>Beachville</u> Racial origin <u>Scottish</u> Birth-place <u>Ontario</u> Trade or Profession <u>Wrecker</u> Kind of industry or business in which employed <u>-</u>	
MOTHER: Full maiden name <u>Rosetta Mary Bowering</u> Usual residence <u>Surgeons</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Mabel Lane</u> Usual residence <u>Surgeons</u> Racial origin <u>Canadian</u> Birth-place <u>Canada</u> Number of children including this one living <u>0</u> dead <u>0</u> Still-born <u>1</u> Occupation, if other than household duties <u>None</u>		MOTHER: Full maiden name <u>Minnie E. Moore</u> Usual residence <u>Beachville</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>R. Harland</u> Address <u>Surgeons</u> Name of Physician in attendance <u>Dr. Macdonald</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Aug 6/21</u>		Name of Informant <u>William James Sutherland</u> Address <u>Surgeons</u> Name of Physician in attendance <u>Dr. Corneish</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Sept 6/21</u>		Name of Informant <u>W. J. Winlaw</u> Address <u>Surgeons</u> Name of Physician in attendance <u>Dr. Williams</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Sept 6/21</u>	

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

alberta homes, albert edward homes, annie ber moran, elizabeth dale, harry dales, annabel morrison, gerard fraser cook, blake westley cook, martha isabel poole

County of Olds

Division of Sungersess

No. 10			No. 11			No. 12		
County <u>Olds</u>			County <u>Olds</u>			County <u>Olds</u>		
Street and Number <u>King Street</u>			Street and Number <u>Carriage Street</u>			Street and Number <u>Charles Street</u>		
Surname <u>Manger</u>			Surname <u>Jackson</u>			Surname <u>Dale</u>		
Given names in full <u>Jane Marie</u>			Given names in full <u>Edward Samuel</u>			Given names in full <u>Lena Elizabeth</u>		
Sex (M. or F.) <u>F</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>F</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>Sept 4th 1921</u>			Date of Birth <u>Sept 21st 1921</u>			Date of Birth <u>Aug 20th 1921</u>		
Full name <u>London Julemick Manger</u>			Full name <u>Thomas Edward Jackson</u>			Full name <u>Henry Dale</u>		
Usual residence <u>Sungersess</u>			Usual residence <u>Sungersess</u>			Usual residence <u>Sungersess</u>		
Racial origin <u>British</u>			Racial origin <u>English</u>			Racial origin <u>English</u>		
Trade or Profession <u>Machinist</u>			Trade or Profession <u>Blacksmith</u>			Trade or Profession <u>Machinist</u>		
Kind of industry or business in which employed <u>Sherwin Tub Co.</u>			Kind of industry or business in which employed <u>Carriage Works</u>			Kind of industry or business in which employed <u>-</u>		
Full maiden name <u>Laura Belle Kaiting</u>			Full maiden name <u>Isabel Elsie Lofe</u>			Full maiden name <u>Annabel Morrison</u>		
Usual residence <u>Sungersess</u>			Usual residence <u>Sungersess</u>			Usual residence <u>Sungersess</u>		
Racial origin <u>British</u>			Racial origin <u>English</u>			Racial origin <u>Scottish</u>		
Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>1</u>			Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u>			Number of children including this one living <u>4</u> dead <u>0</u> still-born <u>0</u>		
Occupation, if other than household duties <u>-</u>			Occupation, if other than household duties <u>-</u>			Occupation, if other than household duties <u>-</u>		
Name of Informant <u>London Manger</u>			Name of Informant <u>J. E. Jackson</u>			Name of Informant <u>Annabel Dale</u>		
Address <u>Sungersess</u>			Address <u>Sungersess</u>			Address <u>Sungersess</u>		
Name of Physician in attendance <u>Dr. Coulter</u>			Name of Physician in attendance <u>Dr. Coulter</u>			Name of Physician in attendance <u>Dr. Williams</u>		
Did physician give notice of this birth? <u>Yes</u>			Did physician give notice of this birth? <u>Yes</u>			Did physician give notice of this birth? <u>Yes</u>		
Date of receipt by D. R. <u>Sept 15/21</u>			Date of receipt by D. R. <u>Sept 25/21</u>			Date of receipt by D. R. <u>Aug 20/21</u>		
County <u>Olds</u>			County <u>Olds</u>			County <u>Olds</u>		
Street and Number <u>Herbert Street</u>			Street and Number <u>King Street</u>			Street and Number <u>William Ave.</u>		
Surname <u>Alderson</u>			Surname <u>Hedlmes</u>			Surname <u>Cook</u>		
Given names in full <u>Charles Jean</u>			Given names in full <u>Mary Alberta</u>			Given names in full <u>Blake Westley Cook</u>		
Sex (M. or F.) <u>M</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>F</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Sex (M. or F.) <u>M</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>Sept 15th 1921</u>			Date of Birth <u>Sept 23rd 1921</u>			Date of Birth <u>Sept 25th 1921</u>		
Full name <u>Joseph Alderson</u>			Full name <u>Albert Edward Hedlmes</u>			Full name <u>Blake Westley Cook</u>		
Usual residence <u>Sungersess</u>			Usual residence <u>Sungersess</u>			Usual residence <u>Sungersess</u>		
Racial origin <u>English</u>			Racial origin <u>English</u>			Racial origin <u>English</u>		
Trade or Profession <u>Labourer</u>			Trade or Profession <u>Hydro fireman</u>			Trade or Profession <u>Labourer, Butcher</u>		
Kind of industry or business in which employed <u>-</u>			Kind of industry or business in which employed <u>-</u>			Kind of industry or business in which employed <u>-</u>		
Full maiden name <u>Harriet Neupome</u>			Full maiden name <u>Minnie Belle Maffett</u>			Full maiden name <u>Martha Isabel Cook</u>		
Usual residence <u>Sungersess</u>			Usual residence <u>Sungersess</u>			Usual residence <u>Sungersess</u>		
Racial origin <u>English</u>			Racial origin <u>Irish</u>			Racial origin <u>English</u>		
Number of children including this one living <u>4</u> dead <u>1</u> still-born <u>0</u>			Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u>			Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u>		
Occupation, if other than household duties <u>none</u>			Occupation, if other than household duties <u>-</u>			Occupation, if other than household duties <u>-</u>		
Name of Informant <u>Joseph Alderson</u>			Name of Informant <u>Wm Maffett</u>			Name of Informant <u>Blake Cook</u>		
Address <u>Sungersess</u>			Address <u>Sungersess</u>			Address <u>Sungersess</u>		
Name of Physician in attendance <u>Dr. Furey</u>			Name of Physician in attendance <u>Dr. Tomnah</u>			Name of Physician in attendance <u>Dr. Williams</u>		
Did physician give notice of this birth? <u>Yes</u>			Did physician give notice of this birth? <u>Yes</u>			Did physician give notice of this birth? <u>Yes</u>		
Date of receipt by D. R. <u>Sept 15/21</u>			Date of receipt by D. R. <u>Sept 25/21</u>			Date of receipt by D. R. <u>Sept 25/21</u>		
County <u>Olds</u>			County <u>Olds</u>			County <u>Olds</u>		
Street and Number <u>Herbert Street</u>			Street and Number <u>King Street</u>			Street and Number <u>William Ave.</u>		

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of Sept 1921



waterhouse, viola margaret lynch, florence may matson, frederick emenuk m...  
 harriet elizabeth bailey, catherine marie turner, charles edward turner, teresa agne...  
 mcnamara, jean doreen candlish, james candlish, lily may demmery

# BIRTHS

County of Offord

Division of Ingersoll

No. 1  
 County Offord Municipality Ingersoll  
 Street and Number Belleville Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Gaultz  
 Given names in full Clifford Ralph  
 Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Sept 6th 1921

FATHER  
 Full name James Earl Gaultz Age last birthday 34  
 Usual residence Ingersoll  
 Racial origin German Birth place Germany  
 Trade or Profession Seaman  
 Kind of industry or business in which employed Coal Business

MOTHER  
 Full maiden name Margaret Steinhilbergh Age last birthday 24  
 Usual residence Ingersoll  
 Racial origin Dutch Birth place Ontario  
 Number of children including this one living 3 dead 0 Still-born 0  
 Occupation, if other than household duties None

No. 2  
 County Offord Municipality Ingersoll  
 Street and Number Belleville Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Waterhouse  
 Given names in full Mary Ruth  
 Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Sept 27th 1921

FATHER  
 Full name Eugene Waterhouse Age last birthday 36  
 Usual residence Ingersoll  
 Racial origin English Birth place Ontario  
 Trade or Profession Bookkeeper  
 Kind of industry or business in which employed Telephone

MOTHER  
 Full maiden name Victoria Margaret Louch Age last birthday 26  
 Usual residence Ingersoll  
 Racial origin Irish Birth place Ingersoll  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties None

No. 3  
 County Offord Municipality Ingersoll  
 Street and Number Belleville Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Turner  
 Given names in full Catherine Marie  
 Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Sept 17th 1921

FATHER  
 Full name Charles Edward Turner Age last birthday 31  
 Usual residence Wintham Centre  
 Racial origin Irish Birth place Ireland  
 Trade or Profession Agent M. & A.  
 Kind of industry or business in which employed -

MOTHER  
 Full maiden name Jessie Agnes McNameara Age last birthday 26  
 Usual residence Wintham Centre  
 Racial origin Irish Birth place Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -

No. 4  
 County Offord Municipality Ingersoll  
 Street and Number James Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Heegler  
 Given names in full John Rae  
 Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Sept 13th 1921

FATHER  
 Full name Edward Colin Rae Heegler Age last birthday 36  
 Usual residence Ingersoll  
 Racial origin Canadian Birth place Ingersoll  
 Trade or Profession Electrician  
 Kind of industry or business in which employed -

MOTHER  
 Full maiden name Mayoria McNameara Age last birthday 24  
 Usual residence Ingersoll  
 Racial origin Canadian Birth place Ontario  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Mayoria Heegler  
 Address Ingersoll  
 Name of Physician in attendance D. Williams  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Sept 13/21

No. 5  
 County Offord Municipality Ingersoll  
 Street and Number James Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Mattoon  
 Given names in full Florence May  
 Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Sept 24th 1921

FATHER  
 Full name Frederick Emanuel Mattoon Age last birthday 38  
 Usual residence West Offord  
 Racial origin Scottish Birth place Scotland  
 Trade or Profession Mechanic  
 Kind of industry or business in which employed -

MOTHER  
 Full maiden name Harriet Elizabeth Bailey Age last birthday 34  
 Usual residence West Offord  
 Racial origin Ontario  
 Number of children including this one living 6 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant Mrs Fred Mattoon  
 Address Ingersoll  
 Name of Physician in attendance D. Cornish  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Sept 24/21

No. 6  
 County Offord Municipality Ingersoll  
 Street and Number Charles Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Candlish  
 Given names in full Jean Doreen  
 Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Sept 27th 1921

FATHER  
 Full name James Candlish Age last birthday 36  
 Usual residence Ingersoll  
 Racial origin Scottish Birth place Scotland  
 Trade or Profession Painter  
 Kind of industry or business in which employed -

MOTHER  
 Full maiden name Lily May Demmery Age last birthday 23  
 Usual residence Ingersoll  
 Racial origin Scottish Birth place Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant James Candlish  
 Address Ingersoll  
 Name of Physician in attendance D. Cornish  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Sept 27/21

I hereby certify that the above are correct registrations of Births filed with me during the month of Sept 1921

THIS SPACE TO BE RESERVED FOR BINDING

W. H. Smith D. R.



Crown, Douglas, Baker, Brown, Mackay, Ross, Alexander, Cook, Armstrong, Lloyd, Salem, McKibben, Stanley, G.W. McKibben, Lisa, Eason, James, Harden, Sharpe, Thomas, Blvin, Sharpe, Florence, Louise, Sharpe

# BIRTHS

County of Offord

Division of Ingersoll

No. 2  
 County Offord  
 Street and Number Albion Street  
 of Con. and Lot (If in hospital, give name instead of street)  
 Surname Robson  
 Given names in full Eleonor Mary  
 Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Oct 25th 1921  
 Full name Peter Robson Age last birthday 9 3/4  
 Usual residence Ingersoll  
 Racial origin English Birth-place England  
 Trade or Profession Iron Man  
 Kind of industry or business in which employed -  
 Full maiden name Dorothy Brambleton Age last birthday 25  
 Usual residence Ingersoll  
 Racial origin English Birth-place England  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant Ada L. Hedges  
 Address Ingersoll  
 Name of Physician in attendance Dr. Macdonald  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Oct 26/21  
 No. 5  
 County Offord Municipality Ingersoll  
 Street and Number Albion Street  
 of Con. and Lot (If in hospital, give name instead of street)

No. 3  
 County Offord  
 Street and Number Albion Street  
 of Con. and Lot (If in hospital, give name instead of street)  
 Surname Crown  
 Given names in full Ross Frank  
 Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Oct 30th 1921  
 Full name Benjamin Crown Age last birthday 37  
 Usual residence Durham  
 Racial origin Scott Birth-place Ontario  
 Trade or Profession Farmer  
 Kind of industry or business in which employed farming  
 Full maiden name Augusta Bleeker Age last birthday 26  
 Usual residence Durham  
 Racial origin English Birth-place England  
 Number of children including this one living 3 dead 1 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant Ada L. Hedges  
 Address Ingersoll  
 Name of Physician in attendance Dr. Carnish  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Oct 31/21  
 No. 6  
 County Offord Municipality Ingersoll  
 Street and Number Durham Street  
 of Con. and Lot (If in hospital, give name instead of street)

No. 4  
 County Offord  
 Street and Number Albion Street  
 of Con. and Lot (If in hospital, give name instead of street)  
 Surname Rose  
 Given names in full Mildred  
 Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Nov 12th 1921  
 Full name Alexander Rose Age last birthday 50  
 Usual residence Durham  
 Racial origin Scott Birth-place Scotland  
 Trade or Profession Farmer  
 Kind of industry or business in which employed -  
 Full maiden name Mildred Armstrong Age last birthday 38 0  
 Usual residence Durham  
 Racial origin Dutch Birth-place Canada  
 Number of children including this one living 4 dead 2 Still-born 1  
 Occupation, if other than household duties none  
 Name of Informant Alexander Rose  
 Address Ingersoll R.R. 3  
 Name of Physician in attendance Dr. Rogers  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Nov 12/21  
 No. 7  
 County Offord Municipality Ingersoll  
 Street and Number King Street  
 of Con. and Lot (If in hospital, give name instead of street)

Surname Hamberch  
 Given names in full Harry Albert  
 Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Oct 25th 1921  
 Full name William Frank Hamberch Age last birthday 42  
 Usual residence Ingersoll  
 Racial origin English Birth-place England  
 Trade or Profession Gardener  
 Kind of industry or business in which employed -  
 Full maiden name Rebecca Elizabeth Bean Age last birthday 41  
 Usual residence Ingersoll  
 Racial origin English Birth-place England  
 Number of children including this one living 7 dead 0 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant W. J. Hamberch  
 Address Ingersoll  
 Name of Physician in attendance Dr. Gurney  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Oct 28/21

Surname Sharpe  
 Given names in full James Harden  
 Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Nov 17th 1921  
 Full name Thomas Blvin Sharpe Age last birthday 23  
 Usual residence Ingersoll  
 Racial origin English Birth-place Ontario  
 Trade or Profession Teamster  
 Kind of industry or business in which employed -  
 Full maiden name Frances Annie Sharpe Age last birthday 21  
 Usual residence Ingersoll  
 Racial origin English Birth-place England  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties none  
 Name of Informant Thos A. Sharpe  
 Address Ingersoll  
 Name of Physician in attendance Dr. Carnish  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Nov 19/21

Surname McKibben  
 Given names in full Lloyd Salem  
 Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes  
 Date of Birth Nov 5th 1921  
 Full name Stanley Louis McKibben Age last birthday 23  
 Usual residence Durham  
 Racial origin Canadian Birth-place Ontario  
 Trade or Profession Farmer  
 Kind of industry or business in which employed -  
 Full maiden name Sela Eldora Scott Age last birthday 19  
 Usual residence Durham  
 Racial origin Canadian Birth-place Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant S. L. McKibben  
 Address Ingersoll  
 Name of Physician in attendance Dr. Carnish  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Nov 7/21

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of November 1921



# BIRTHS

dick, william dyck, margaret barrie, marion catherine dodd, alfred thomas dodd, orpha Tracy dodd, marian isabel king, william arthur philip king, helen lindsay kelly, samuel marlborough douglas, samuel clifford douglas, maude hancox, harold albert burton, harry burton, kathleen holmes

County of Alford Division of Sugarside

No. 7	No. 8	No. 9
<p>County <u>Alford</u> Municipality <u>Sugarside</u>                      Street and Number <u>Victoria Street</u>                      or Con. and Lot (If in hospital, give name instead of street)</p> <p>Surname <u>Sterling</u></p> <p>Given names in full <u>Margaret Louise</u></p> <p>Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u></p> <p>Date of Birth <u>Oct 22nd 1921</u></p> <p>FATHER: Full name <u>William Thomas Sterling</u> Usual residence <u>Sugarside</u> Racial origin <u>Scottish</u> Birth place <u>Scotland</u> Trade or Profession <u>Temporarian</u> Kind of industry or business in which employed <u>-</u> Full maiden name <u>Mary Rankin Young</u></p> <p>MOTHER: Usual residence <u>Sugarside</u> Racial origin <u>Scottish</u> Birth place <u>Scotland</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u></p>	<p>County <u>Alford</u> Municipality <u>Sugarside</u>                      Street and Number <u>James Street</u>                      or Con. and Lot (If in hospital, give name instead of street)</p> <p>Surname <u>Dodd</u></p> <p>Given names in full <u>Marian Catherine</u></p> <p>Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u></p> <p>Date of Birth <u>Sept 20th 1921</u></p> <p>FATHER: Full name <u>Alfred Thomas Dodd</u> Usual residence <u>Sugarside</u> Racial origin <u>English</u> Birth place <u>Sugarside</u> Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>Garage</u> Full maiden name <u>Elizabeth Dodd</u></p> <p>MOTHER: Usual residence <u>Sugarside</u> Racial origin <u>English</u> Birth place <u>Wales</u> Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u></p>	<p>County <u>Alford</u> Municipality <u>Sugarside</u>                      Street and Number <u>Cherry Street</u>                      or Con. and Lot (If in hospital, give name instead of street)</p> <p>Surname <u>Douglas</u></p> <p>Given names in full <u>Samuel Marlborough</u></p> <p>Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u></p> <p>Date of Birth <u>Oct 6th 1921</u></p> <p>FATHER: Full name <u>Samuel Clifford Douglas</u> Usual residence <u>Sugarside</u> Racial origin <u>Scottish</u> Birth place <u>Sugarside</u> Trade or Profession <u>Salesman</u> Kind of industry or business in which employed <u>Furniture</u> Full maiden name <u>Maude Hancox</u></p> <p>MOTHER: Usual residence <u>Sugarside</u> Racial origin <u>English</u> Birth place <u>England</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u></p>

<p>Name of Informant <u>William Thomas Sterling</u></p> <p>Address <u>Sugarside</u></p> <p>Name of Physician in attendance <u>Dr. Cairns</u></p> <p>Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Oct 22/21</u></p>	<p>Name of Informant <u>Mrs Alfred Dodd</u></p> <p>Address <u>Sugarside</u></p> <p>Name of Physician in attendance <u>Dr. Cairns</u></p> <p>Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Sept 29/21</u></p>	<p>Name of Informant <u>Samuel Clifford Douglas</u></p> <p>Address <u>Sugarside</u></p> <p>Name of Physician in attendance <u>Dr. Cairns</u></p> <p>Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Oct 10/21</u></p>
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No. 10	No. 11	No. 1
<p>County <u>Alford</u> Municipality <u>Sugarside</u>                      Street and Number <u>Alexandra Street</u>                      or Con. and Lot (If in hospital, give name instead of street)</p> <p>Surname <u>Dick</u></p> <p>Given names in full <u>William</u></p> <p>Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u></p> <p>Date of Birth <u>Oct 11th 1921</u></p> <p>FATHER: Full name <u>William Dick</u> Usual residence <u>Sugarside</u> Racial origin <u>Scottish</u> Birth place <u>Scotland</u> Trade or Profession <u>Labourer</u> Kind of industry or business in which employed <u>Section Man</u> Full maiden name <u>Margaret Barrie</u></p> <p>MOTHER: Usual residence <u>Sugarside</u> Racial origin <u>Scottish</u> Birth place <u>Scotland</u> Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>None</u></p>	<p>County <u>Alford</u> Municipality <u>Sugarside</u>                      Street and Number <u>Victoria Street</u>                      or Con. and Lot (If in hospital, give name instead of street)</p> <p>Surname <u>King</u></p> <p>Given names in full <u>William Arthur Philip</u></p> <p>Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u></p> <p>Date of Birth <u>Sept 20th 1921</u></p> <p>FATHER: Full name <u>William Arthur Philip King</u> Usual residence <u>Becham St</u> Racial origin <u>English</u> Birth place <u>Ontario</u> Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>-</u> Full maiden name <u>Helen Lindsay Kelly</u></p> <p>MOTHER: Usual residence <u>Becham St</u> Racial origin <u>Irish</u> Birth place <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u></p>	<p>County <u>Alford</u> Municipality <u>Sugarside</u>                      Street and Number <u>James Street</u>                      or Con. and Lot (If in hospital, give name instead of street)</p> <p>Surname <u>Burton</u></p> <p>Given names in full <u>Harold Albert</u></p> <p>Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u></p> <p>Date of Birth <u>Oct 17th 1921</u></p> <p>FATHER: Full name <u>Harry Burton</u> Usual residence <u>Sugarside</u> Racial origin <u>English</u> Birth place <u>England</u> Trade or Profession <u>Electrician</u> Kind of industry or business in which employed <u>-</u> Full maiden name <u>Kathleen Holmes</u></p> <p>MOTHER: Usual residence <u>Sugarside</u> Racial origin <u>English</u> Birth place <u>England</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>None</u></p>

<p>Name of Informant <u>William Dick</u></p> <p>Address <u>Sugarside</u></p> <p>Name of Physician in attendance <u>Dr. Cairns</u></p> <p>Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Oct 11/21</u></p>	<p>Name of Informant <u>Mrs A King</u></p> <p>Address <u>Sugarside R 1</u></p> <p>Name of Physician in attendance <u>Dr. Rogers</u></p> <p>Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Sept 24/21</u></p>	<p>Name of Informant <u>Mrs Harry Burton</u></p> <p>Address <u>Sugarside</u></p> <p>Name of Physician in attendance <u>Dr. Ferguson</u></p> <p>Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Oct 17/21</u></p>
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I hereby certify that the above are correct registrations of Births filed with me during the month of Oct 1921

W. A. Smith D. R.

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# BIRTHS

thompson, ruth margaret green, roy wheeler green, mary e. abrahamson, george frederick smith, frederick francis smith, lilly wright, russel johnson, harry allan johnson, mildred pearl shelton, ralph adair, william adair, jenn Taylor, billy james hall, william max hall, bessie laverne sedge

County of Alford

Division of Engerssall

No. 3

County Alford Municipality Engerssall  
 Street and Number St. James Street  
 or Con. and Lot 112  
(If in hospital, give name instead of street)

Surname Wright

Given names in full Donald William

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Nov 15th 1921

FATHER: Full name Raymond Charles Wright Age last birthday 21  
 Usual residence Engerssall  
 Racial origin English Birth-place India  
 Occupation Labourer  
 Kind of industry or business in which employed -

MOTHER: Full maiden name Mildred Alice Thompson Age last birthday 22  
 Usual residence Engerssall  
 Racial origin English Birth-place Ontario  
 Number of children including this one: living 3 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Dr. A. L. Wright  
 Address Engerssall  
 Name of Physician in attendance Dr. Williams  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Nov 16/21

No. 4

County Alford Municipality Engerssall  
 Street and Number St. James Street  
 or Con. and Lot 112  
(If in hospital, give name instead of street)

Surname Smith

Given names in full George Frederick

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Nov 24th 1921

FATHER: Full name Frederick Francis Smith Age last birthday 26  
 Usual residence Engerssall  
 Racial origin English Birth-place England  
 Occupation Mechanic  
 Kind of industry or business in which employed Candensee

MOTHER: Full maiden name Lily Wright Age last birthday 26  
 Usual residence Engerssall  
 Racial origin English Birth-place England  
 Number of children including this one: living 2 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant J. J. Smith  
 Address Engerssall  
 Name of Physician in attendance Dr. Williams  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Nov 26/21

No. 5

County Alford Municipality Engerssall  
 Street and Number St. James Street  
 or Con. and Lot 112  
(If in hospital, give name instead of street)

Surname Adair

Given names in full Ralph M. A.

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Dec 11th 1921

FATHER: Full name William Adair Age last birthday 46  
 Usual residence Engerssall  
 Racial origin Canadian Birth-place Engerssall  
 Occupation Mechanic  
 Kind of industry or business in which employed Manover Co

MOTHER: Full maiden name Junie Taylor Age last birthday 39  
 Usual residence Engerssall  
 Racial origin Canadian Birth-place Wesley  
 Number of children including this one: living 4 dead 0 Still-born 4  
 Occupation, if other than household duties -

Name of Informant W. Adair  
 Address Engerssall  
 Name of Physician in attendance Dr. Williams  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Dec 12/21

No. 6

County Alford Municipality Engerssall  
 Street and Number St. James Street  
 or Con. and Lot 112  
(If in hospital, give name instead of street)

Surname Green

Given names in full Ruth Margaret

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Nov 30th 1921

FATHER: Full name Roy Wheeler Green Age last birthday 37  
 Usual residence Engerssall  
 Racial origin Canadian Birth-place Ontario  
 Occupation Bank Manager  
 Kind of industry or business in which employed Royal Bank

MOTHER: Full maiden name Mary Elizabeth Elliott Age last birthday 27  
 Usual residence Engerssall  
 Racial origin Canadian Birth-place Ontario  
 Number of children including this one: living 4 dead 1 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Roy Wheeler Green  
 Address Engerssall  
 Name of Physician in attendance Dr. Williams  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Nov 30/21

No. 7

County Alford Municipality Engerssall  
 Street and Number St. James Street  
 or Con. and Lot 112  
(If in hospital, give name instead of street)

Surname Johnson

Given names in full Harry Allan

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Dec 12th 1921

FATHER: Full name Harry Allan Johnson Age last birthday 25  
 Usual residence Engerssall  
 Racial origin Canadian Birth-place Canada  
 Occupation Cauler  
 Kind of industry or business in which employed Railroad Work

MOTHER: Full maiden name Mildred Pearl Shelton Age last birthday 27  
 Usual residence Engerssall  
 Racial origin Canadian Birth-place Canada  
 Number of children including this one: living 0 dead 1 Still-born 0  
 Occupation, if other than household duties -

Name of Informant H. A. Johnson  
 Address Engerssall  
 Name of Physician in attendance Dr. Williams  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Dec 12/21

No. 8

County Alford Municipality Engerssall  
 Street and Number St. James Street  
 or Con. and Lot 112  
(If in hospital, give name instead of street)

Surname Hall

Given names in full Billy James

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Dec 6th 1921

FATHER: Full name William Max Hall Age last birthday 29  
 Usual residence Engerssall  
 Racial origin English Birth-place Wentworth  
 Occupation Public Accountant

MOTHER: Full maiden name Bessie Laverne Sedge Age last birthday 26  
 Usual residence Engerssall  
 Racial origin English Birth-place Wentworth  
 Number of children including this one: living 2 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant W. M. Hall  
 Address Engerssall  
 Name of Physician in attendance Dr. Smith  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Dec 6/21

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I hereby certify that the above are correct registrations of Births filed with me during the month of

December 1921

D. R.



# BIRTHS

County of Offord

Division of Sagerssee

No. 8		No. 9		No. 10	
County <u>Offord</u> Municipality <u>Sagerssee</u> Street and Number <u>John Street</u> or Con. and Lot (If in hospital, give name instead of street)		County <u>Offord</u> Municipality <u>Sagerssee</u> Street and Number <u>Stanhope Street</u> or Con. and Lot (If in hospital, give name instead of street)		County <u>Offord</u> Municipality <u>Sagerssee</u> Street and Number <u>Stanhope Street</u> or Con. and Lot (If in hospital, give name instead of street)	
Surname <u>Mayer</u>		Surname <u>Rache</u>		Surname <u>Hill</u>	
Given names in full <u>Stuart Leslie</u>		Given names in full <u>Wesley Conley</u>		Given names in full <u>Clarence Clarence</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>M</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>M</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>M</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	
Date of Birth <u>Nov 9th 1921</u>		Date of Birth <u>Nov 19th 1921</u>		Date of Birth <u>Nov 9th 1921</u>	
FATHER: Full name <u>Spine Francis Mayer</u> Usual residence <u>Sagerssee</u> Age last birthday <u>29</u> Racial origin <u>Canadian</u> Birth-Place <u>Ontario</u> Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>Benew Co.</u>		FATHER: Full name <u>Michael John Rache</u> Usual residence <u>Sagerssee</u> Age last birthday <u>26</u> Racial origin <u>British</u> Birth-Place <u>Ontario</u> Trade or Profession <u>Ice Cutter</u> Kind of industry or business in which employed <u>Harman</u>		FATHER: Full name <u>Clarence Clifford Hill</u> Usual residence <u>St. Elgin</u> Age last birthday <u>44</u> Racial origin <u>Irish</u> Birth-Place <u>Ontario</u> Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>-</u>	
MOTHER: Full maiden name <u>Berch May Cooper</u> Usual residence <u>Sagerssee</u> Age last birthday <u>21</u> Racial origin <u>English</u> Birth-Place <u>Ontario</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>1</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Elise Alice Gault</u> Usual residence <u>Sagerssee</u> Age last birthday <u>23</u> Racial origin <u>English</u> Birth-Place <u>Man</u> Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>None</u>		MOTHER: Full maiden name <u>Dora May Parson</u> Usual residence <u>St. Elgin</u> Age last birthday <u>42</u> Racial origin <u>English</u> Birth-Place <u>Ontario</u> Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>None</u>	
Name of Informant <u>Spine J Mayer</u> Address <u>Sagerssee</u> Name of Physician in attendance <u>Dr. Conant</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Nov 9/21</u>		Name of Informant <u>Michael John Rache</u> Address <u>Sagerssee</u> Name of Physician in attendance <u>Dr. Conant</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Nov 19/21</u>		Name of Informant <u>Mrs Clarence Hill</u> Address <u>Sagerssee</u> Name of Physician in attendance <u>Dr. Williams</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Nov 9/21</u>	
County <u>Offord</u> Municipality <u>Sagerssee</u> Street and Number <u>John Street</u> or Con. and Lot (If in hospital, give name instead of street)		County <u>Offord</u> Municipality <u>Sagerssee</u> Street and Number <u>Stanhope Street</u> or Con. and Lot (If in hospital, give name instead of street)		County <u>Offord</u> Municipality <u>Sagerssee</u> Street and Number <u>Stanhope Street</u> or Con. and Lot (If in hospital, give name instead of street)	
Surname <u>Keenan</u>		Surname <u>Springall</u>		Surname <u>Turner</u>	
Given names in full <u>Charles Ernest</u>		Given names in full <u>Jessie Amelia</u>		Given names in full <u>James Eugene</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>M</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>M</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>M</u> Was child born alive <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	
Date of Birth <u>Nov 22nd 1921</u>		Date of Birth <u>Nov 23rd 1921</u>		Date of Birth <u>Nov 9th 1921</u>	
FATHER: Full name <u>Charles Ernest Keenan</u> Usual residence <u>Sagerssee</u> Age last birthday <u>39</u> Racial origin <u>English</u> Birth-Place <u>England</u> Trade or Profession <u>Ice-Cutter</u> Kind of industry or business in which employed <u>Bellevue</u>		FATHER: Full name <u>Arthur John Springall</u> Usual residence <u>Sagerssee</u> Age last birthday <u>34</u> Racial origin <u>English</u> Birth-Place <u>England</u> Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>-</u>		FATHER: Full name <u>William Daniel Turner</u> Usual residence <u>Sagerssee</u> Age last birthday <u>23</u> Racial origin <u>English</u> Birth-Place <u>Ontario</u> Trade or Profession <u>Spinner</u> Kind of industry or business in which employed <u>Woolen Mills</u>	
MOTHER: Full maiden name <u>Berch Danes</u> Usual residence <u>Sagerssee</u> Age last birthday <u>29</u> Racial origin <u>English</u> Birth-Place <u>England</u> Number of children including this one living <u>2</u> dead <u>-</u> Still-born <u>-</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Charlotte Harris</u> Usual residence <u>Sagerssee</u> Age last birthday <u>30</u> Racial origin <u>English</u> Birth-Place <u>England</u> Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Frederick Pemberton George</u> Usual residence <u>Sagerssee</u> Age last birthday <u>23</u> Racial origin <u>Scottish</u> Birth-Place <u>Canada</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>1</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Charles Ernest Keenan</u> Address <u>Sagerssee</u> Name of Physician in attendance <u>Dr. Conant</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Nov 23/21</u>		Name of Informant <u>Dr. Conant</u> Address <u>Sagerssee</u> Name of Physician in attendance <u>Dr. Conant</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Nov 29/21</u>		Name of Informant <u>William D. Turner</u> Address <u>Sagerssee</u> Name of Physician in attendance <u>Dr. Conant</u> Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Nov 9/21</u>	

I hereby certify that the above are correct registrations of Births filed with me during the month of Dec 1921

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

County of Alameda

Division of San Joaquin

County No. 15  
Street and Number 1500 Broadway  
City and State San Francisco  
(If in San Joaquin, give name of town)

County No. 11  
Street and Number 1000 Broadway  
City and State San Francisco  
(If in San Joaquin, give name of town)

County No. 11  
Street and Number 1000 Broadway  
City and State San Francisco  
(If in San Joaquin, give name of town)

Surname <u>Shobara</u> Given names in full <u>Henriette Marie</u> Sex (M or F) <u>F</u>		Date of Birth <u>Dec 27th 1921</u>		County <u>Alameda</u> Street and Number <u>1500 Broadway</u> City and State <u>San Francisco</u> (If in San Joaquin, give name of town)	
Father: <u>Paul R. Shobara</u> Trade or Profession <u>Electrician</u> Kind of Industry or business in which employed <u>City of Alameda</u>		Mother: <u>Pauline M. Shobara</u> Trade or Profession <u>None</u> Kind of Industry or business in which employed <u>None</u>		Name of Informant <u>R. H. Shobara</u> Address <u>1500 Broadway</u> City and State <u>San Francisco</u> (If in San Joaquin, give name of town)	
Usual residence <u>San Francisco</u> Recital origin <u>San Francisco</u> Full name <u>Henriette Marie Shobara</u> Age at birth <u>30</u>		Usual residence <u>San Francisco</u> Recital origin <u>San Francisco</u> Full name <u>Pauline M. Shobara</u> Age at birth <u>25</u>		Was child born alive? <u>Yes</u> Legitimate? <u>Yes</u> Date of receipt by D. R. <u>Dec 27/21</u>	
Occupation, if other than household duties <u>None</u>		Occupation, if other than household duties <u>None</u>		Name of Informant <u>R. H. Shobara</u>	

Surname <u>Morgan</u> Given names in full <u>John Joseph</u> Sex (M or F) <u>M</u>		Date of Birth <u>Dec 10th 1921</u>		County <u>Alameda</u> Street and Number <u>1000 Broadway</u> City and State <u>San Francisco</u> (If in San Joaquin, give name of town)	
Father: <u>Paul R. Morgan</u> Trade or Profession <u>Electrician</u> Kind of Industry or business in which employed <u>City of Alameda</u>		Mother: <u>Pauline M. Morgan</u> Trade or Profession <u>None</u> Kind of Industry or business in which employed <u>None</u>		Name of Informant <u>Paul R. Morgan</u> Address <u>1000 Broadway</u> City and State <u>San Francisco</u> (If in San Joaquin, give name of town)	
Usual residence <u>San Francisco</u> Recital origin <u>San Francisco</u> Full name <u>John Joseph Morgan</u> Age at birth <u>32</u>		Usual residence <u>San Francisco</u> Recital origin <u>San Francisco</u> Full name <u>Pauline M. Morgan</u> Age at birth <u>35</u>		Was child born alive? <u>Yes</u> Legitimate? <u>Yes</u> Date of receipt by D. R. <u>Dec 10/21</u>	
Occupation, if other than household duties <u>None</u>		Occupation, if other than household duties <u>None</u>		Name of Informant <u>Paul R. Morgan</u>	

Surname <u>Moqan</u> Given names in full <u>Russell</u> Sex (M or F) <u>M</u>		Date of Birth <u>Dec 1921</u>		County <u>Alameda</u> Street and Number <u>1000 Broadway</u> City and State <u>San Francisco</u> (If in San Joaquin, give name of town)	
Father: <u>Pauline M. Moqan</u> Trade or Profession <u>None</u> Kind of Industry or business in which employed <u>None</u>		Mother: <u>John J. Moqan</u> Trade or Profession <u>None</u> Kind of Industry or business in which employed <u>None</u>		Name of Informant <u>Pauline M. Moqan</u> Address <u>1000 Broadway</u> City and State <u>San Francisco</u> (If in San Joaquin, give name of town)	
Usual residence <u>San Francisco</u> Recital origin <u>San Francisco</u> Full name <u>Russell Moqan</u> Age at birth <u>1</u>		Usual residence <u>San Francisco</u> Recital origin <u>San Francisco</u> Full name <u>John J. Moqan</u> Age at birth <u>1</u>		Was child born alive? <u>Yes</u> Legitimate? <u>Yes</u> Date of receipt by D. R. <u>Dec 19/21</u>	
Occupation, if other than household duties <u>None</u>		Occupation, if other than household duties <u>None</u>		Name of Informant <u>Pauline M. Moqan</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of December 1921 D. R.



# BIRTHS

Carl Joseph eidt, charles eidt, alma mutters matlam, margaret jean langford,  
 percival george langford, annie witty, trinie audrey Shepher, reginald george  
 shepherd, helen connolly, robert david greig arkell, william henry arkell, berth  
 thompson, marguerite gertrude watts, albert watts, gertrude allsop, nelson kelly,  
 charles edward kelly, margaret jane vant.

County of <u>Alford</u>		Division of <u>Sugarsae</u>	
No. <u>9</u>		No. <u>10</u>	
County <u>Alford</u> Municipality <u>Sugarsae</u> Street and Number <u>King Street</u> <small>or Con. and Lot (If in hospital, give name instead of street)</small>		County <u>Alford</u> Municipality <u>Sugarsae</u> Street and Number <u>Victoria Street</u> <small>or Con. and Lot (If in hospital, give name instead of street)</small>	
Surname <u>Eidt</u>		Surname <u>Shepher</u>	
Given names in full <u>Carl Joseph</u> Sex (M. or F.) <u>M</u> <input checked="" type="checkbox"/> <small>Twins or Triplets</small> <input type="checkbox"/> <small>Was child born alive?</small> <input checked="" type="checkbox"/> <small>Legitimate "Yes" or "No"?</small> <input checked="" type="checkbox"/>		Given names in full <u>James Sydney</u> Sex (M. or F.) <u>M</u> <input checked="" type="checkbox"/> <small>Twins or Triplets</small> <input type="checkbox"/> <small>Was child born alive?</small> <input checked="" type="checkbox"/> <small>Legitimate "Yes" or "No"?</small> <input checked="" type="checkbox"/>	
Date of Birth <u>Nov 29th 1921</u>		Date of Birth <u>Dec 12th 1921</u>	
Full name <u>Charles A. Eidt</u> <small>Age last birthday</small> <u>40</u> Usual residence <u>Sugarsae</u> Racial origin <u>German</u> <small>Birth-place</small> <u>Ontario</u> Trade or Profession <u>Miller</u> Kind of industry or business in which employed <u>Milling</u> Full maiden name <u>Almina Mutters</u> <small>Age last birthday</small> <u>35</u> Usual residence <u>Sugarsae</u> Racial origin <u>German</u> <small>Birth-place</small> <u>Ontario</u> Number of children including this one <small>living</small> <u>5</u> <small>dead</small> <u>0</u> <small>Still-born</small> <u>0</u> Occupation, if other than household duties <u>-</u>		Full name <u>Reginald Henry Shepher</u> <small>Age last birthday</small> <u>23</u> Usual residence <u>Ontario</u> Racial origin <u>English</u> <small>Birth-place</small> <u>England</u> Trade or Profession <u>Farm hand</u> Kind of industry or business in which employed <u>-</u> Full maiden name <u>Helen Connolly</u> <small>Age last birthday</small> <u>24</u> Usual residence <u>Ontario</u> Racial origin <u>English</u> <small>Birth-place</small> <u>England</u> Number of children including this one <small>living</small> <u>1</u> <small>dead</small> <u>0</u> <small>Still-born</small> <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Thos A. Eidt</u>		Name of Informant <u>Sugarsae</u>	
Address <u>Sugarsae</u>		Address <u>Old St. Georges</u>	
Name of Physician in attendance <u>Dr. Surland</u> Did physician give notice of this birth? <input checked="" type="checkbox"/> <small>Date of receipt by D. R.</small> <u>Nov 29/21</u>		Name of Physician in attendance <u>Dr. Connell</u> Did physician give notice of this birth? <input checked="" type="checkbox"/> <small>Date of receipt by D. R.</small> <u>Dec 12/21</u>	
No. <u>12</u>		No. <u>13</u>	
County <u>Alford</u> Municipality <u>Sugarsae</u> Street and Number <u>Victoria Street</u> <small>or Con. and Lot (If in hospital, give name instead of street)</small>		County <u>Alford</u> Municipality <u>Sugarsae</u> Street and Number <u>Victoria Street</u> <small>or Con. and Lot (If in hospital, give name instead of street)</small>	
Surname <u>Langford</u>		Surname <u>Arkeel</u>	
Given names in full <u>Margaret Jean</u> Sex (M. or F.) <u>F</u> <input checked="" type="checkbox"/> <small>Twins or Triplets</small> <input type="checkbox"/> <small>Was child born alive?</small> <input checked="" type="checkbox"/> <small>Legitimate "Yes" or "No"?</small> <input checked="" type="checkbox"/>		Given names in full <u>Robert David Greig</u> Sex (M. or F.) <u>M</u> <input checked="" type="checkbox"/> <small>Twins or Triplets</small> <input type="checkbox"/> <small>Was child born alive?</small> <input checked="" type="checkbox"/> <small>Legitimate "Yes" or "No"?</small> <input checked="" type="checkbox"/>	
Date of Birth <u>Dec 18th 1921</u>		Date of Birth <u>Nov 30th 1921</u>	
Full name <u>Reginald Henry Langford</u> <small>Age last birthday</small> <u>31</u> Usual residence <u>Alford</u> Racial origin <u>English</u> <small>Birth-place</small> <u>Ontario</u> Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>-</u> Full maiden name <u>Annie Witty</u> <small>Age last birthday</small> <u>24</u> Usual residence <u>Alford</u> Racial origin <u>English</u> <small>Birth-place</small> <u>England</u> Number of children including this one <small>living</small> <u>1</u> <small>dead</small> <u>0</u> <small>Still-born</small> <u>0</u> Occupation, if other than household duties <u>-</u>		Full name <u>William Henry Arkeel</u> <small>Age last birthday</small> <u>45</u> Usual residence <u>Sugarsae</u> Racial origin <u>English</u> <small>Birth-place</small> <u>Ontario</u> Trade or Profession <u>Commercial Traveller</u> Kind of industry or business in which employed <u>Confectiary</u> Full maiden name <u>Bertha Thompson</u> <small>Age last birthday</small> <u>45</u> Usual residence <u>Sugarsae</u> Racial origin <u>English</u> <small>Birth-place</small> <u>Sugarsae</u> Number of children including this one <small>living</small> <u>5</u> <small>dead</small> <u>-</u> <small>Still-born</small> <u>-</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Old St. Georges</u>		Name of Informant <u>W. D. Arkeel</u>	
Address <u>Sugarsae</u>		Address <u>Sugarsae</u>	
Name of Physician in attendance <u>Dr. Connell</u> Did physician give notice of this birth? <input checked="" type="checkbox"/> <small>Date of receipt by D. R.</small> <u>Dec 18/21</u>		Name of Physician in attendance <u>Dr. Connell</u> Did physician give notice of this birth? <input checked="" type="checkbox"/> <small>Date of receipt by D. R.</small> <u>Dec 11/21</u>	
No. <u>14</u>		No. <u>11</u>	
County <u>Alford</u> Municipality <u>Sugarsae</u> Street and Number <u>King Street</u> <small>or Con. and Lot (If in hospital, give name instead of street)</small>		County <u>Alford</u> Municipality <u>Sugarsae</u> Street and Number <u>King Street</u> <small>or Con. and Lot (If in hospital, give name instead of street)</small>	
Surname <u>Kelly</u>		Surname <u>Watts</u>	
Given names in full <u>Nelson</u> Sex (M. or F.) <u>M</u> <input checked="" type="checkbox"/> <small>Twins or Triplets</small> <input type="checkbox"/> <small>Was child born alive?</small> <input checked="" type="checkbox"/> <small>Legitimate "Yes" or "No"?</small> <input checked="" type="checkbox"/>		Given names in full <u>Marguerite Gertrude</u> Sex (M. or F.) <u>F</u> <input checked="" type="checkbox"/> <small>Twins or Triplets</small> <input type="checkbox"/> <small>Was child born alive?</small> <input checked="" type="checkbox"/> <small>Legitimate "Yes" or "No"?</small> <input checked="" type="checkbox"/>	
Date of Birth <u>Dec 9th 1921</u>		Date of Birth <u>Dec 20th 1921</u>	
Full name <u>Charles Edward Kelly</u> <small>Age last birthday</small> <u>35</u> Usual residence <u>Sugarsae</u> Racial origin <u>Nepo.</u> <small>Birth-place</small> <u>Not known</u> Trade or Profession <u>None</u> Kind of industry or business in which employed <u>Book Factory</u> Full maiden name <u>Margaret Jane Grant</u> <small>Age last birthday</small> <u>20</u> Usual residence <u>Sugarsae</u> Racial origin <u>Nepo.</u> <small>Birth-place</small> <u>Sugarsae</u> Number of children including this one <small>living</small> <u>1</u> <small>dead</small> <u>1</u> <small>Still-born</small> <u>0</u> Occupation, if other than household duties <u>None</u>		Full name <u>Albert Watts</u> <small>Age last birthday</small> <u>25</u> Usual residence <u>Sugarsae</u> Racial origin <u>English</u> <small>Birth-place</small> <u>England</u> Trade or Profession <u>Business</u> Kind of industry or business in which employed <u>-</u> Full maiden name <u>Bertrude Alsop</u> <small>Age last birthday</small> <u>23</u> Usual residence <u>Sugarsae</u> Racial origin <u>English</u> <small>Birth-place</small> <u>England</u> Number of children including this one <small>living</small> <u>1</u> <small>dead</small> <u>0</u> <small>Still-born</small> <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Charles E. Kelly</u>		Name of Informant <u>Albert Watts</u>	
Address <u>Sugarsae</u>		Address <u>Sugarsae</u>	
Name of Physician in attendance <u>Dr. Surland</u> Did physician give notice of this birth? <input checked="" type="checkbox"/> <small>Date of receipt by D. R.</small> <u>Dec 9/21</u>		Name of Physician in attendance <u>Dr. Surland</u> Did physician give notice of this birth? <input checked="" type="checkbox"/> <small>Date of receipt by D. R.</small> <u>Dec 20/21</u>	

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I hereby certify that the above are correct registrations of Births filed with me during the month of December 1921  
W.D. Connell D. R.



# BIRTHS

Jean Louise Bowman, Samuel Hall Bowman, Maniera Elizabeth Turpin, Mary Jean Turpin, Marian Leann Turpin, Henry Garfield Turpin, Vera Hansford, Catharine Helen Hayward, Charles Hayward, Laura Hazel Petrie, Margaret Mary Jean McAlpine, Andrew McAlpine, Mabel Price, Donald Barnard Bower, John Murray Bower, Millia May Barnard, Ernest William Joseph Underwood, Sidney Horace Underwood, Jannette Lydia Rowland

County of Offard

Division of Sugars

No. 2  
 County Offard Municipality Sugars  
 Street and Number Albion Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Bauman  
 Given names in full Jean Louise  
 Sex (M. or F.) F Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Jan 17th 1922

FATHER: Full name Samuel Hall Bauman Usual residence Sugars Age last birthday 29 Racial origin Sugars Birth-place Sugars Trade or Profession No Trade Kind of industry or business in which employed Insurance

MOTHER: Full maiden name Margaret Elizabeth Ramsey Usual residence Sugars Age last birthday 24 Racial origin Scottish Birth-place Scotland Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties

No. 3  
 County Offard Municipality Sugars  
 Street and Number Alma Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Hayward  
 Given names in full Catharine Hazel  
 Sex (M. or F.) F Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Jan 2nd 1922

FATHER: Full name Charles Hayward Usual residence Sugars Age last birthday 24 Racial origin English Birth-place Walsby Trade or Profession Machinist Kind of industry or business in which employed Sears Co.

MOTHER: Full maiden name Laura Hazel Petrie Usual residence Sugars Age last birthday 23 Racial origin English Birth-place Sugars Number of children including this one living 1 dead 1 Still-born 0 Occupation, if other than household duties

No. 1  
 County Offard Municipality Sugars  
 Street and Number Albion Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Bauer  
 Given names in full John Murray  
 Sex (M. or F.) M Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Jan 5th 1922

FATHER: Full name John Murray Bauer Usual residence Sugars Age last birthday 49 Racial origin English Birth-place Sugars Trade or Profession Sailor Kind of industry or business in which employed Sailoring

MOTHER: Full maiden name Billie May Barnard Usual residence Sugars Age last birthday 42 Racial origin English Birth-place Ontario Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties

Name of Informant Ada C. Hedges  
 Address Sugars  
 Name of Physician in attendance Dr. Williams  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Jan 27/22

Name of Informant Mrs. Char Hayward  
 Address Sugars  
 Name of Physician in attendance Dr. Larnish  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Jan 2/22

Name of Informant John M. Bauer  
 Address Sugars  
 Name of Physician in attendance Dr. MacDonald  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Jan 6/22

No. 2  
 County Offard Municipality Sugars  
 Street and Number My Heron Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Turpin  
 Given names in full Marian Leann  
 Sex (M. or F.) F Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Dec 16th 1921

FATHER: Full name Henry Garfield Turpin Usual residence Parochial Age last birthday 30 Racial origin English Birth-place Parochial Trade or Profession Farmer Kind of industry or business in which employed Farming

MOTHER: Full maiden name Vera Hansford Usual residence Parochial Age last birthday 27 Racial origin English Birth-place Sugars Number of children including this one living 3 dead 2 Still-born 0 Occupation, if other than household duties

No. 3  
 County Offard Municipality Sugars  
 Street and Number Alma Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname McAlpine  
 Given names in full Margaret Mary Jean  
 Sex (M. or F.) F Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Jan 31st 1922

FATHER: Full name Andrew McAlpine Usual residence Sugars Age last birthday 38 Racial origin Scottish Birth-place Ontario Trade or Profession Sgt Kind of industry or business in which employed

MOTHER: Full maiden name Mabel Price Usual residence Sugars Age last birthday 27 Racial origin Canadian Birth-place Canada Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties

No. 4  
 County Offard Municipality Sugars  
 Street and Number Alma Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Underwood  
 Given names in full Ernest William Joseph  
 Sex (M. or F.) M Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Jan 17th 1922

FATHER: Full name Samuel Horace Underwood Usual residence Sugars Age last birthday 28 Racial origin English Birth-place England Trade or Profession Merchant Kind of industry or business in which employed Shoe

MOTHER: Full maiden name Jannette Lydia Rowland Usual residence Sugars Age last birthday 24 Racial origin English Birth-place England Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties

Name of Informant Mrs. John Hansford  
 Address Sugars  
 Name of Physician in attendance Dr. Larnish  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Dec 16/22

Name of Informant Andrew McAlpine  
 Address Sugars  
 Name of Physician in attendance Dr. Williams  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Jan 2/22

Name of Informant S. H. Underwood  
 Address Sugars  
 Name of Physician in attendance Dr. Ferguson  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Jan 17/22

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of Jan 27 1922

Dr. Williams D. R.



William Cyril Hill, William Henry Hill, Dorothy Lena Chadwick, Katharine Maude Ellis, James Carl Ellis, Beatrice Hunter, Mary Laverne Laverne Barton, Ernest Mathias Barton, Mary Etta Haley, James Darwin Moyer, Harold Winford Moyer, Mertle Myrtle Louise Harvey, Duncan Riley, Hugh Riley, Agnes Johnstone Duncan, Mary Margaret Redhead, Robert Redhead, Margaret Louisa Hurme

# BIRTHS

County of Offard

Division of Sugars

No. 1		No. 2		No. 3	
County <u>Offard</u> Municipality <u>Sugars</u>		County <u>Offard</u> Municipality <u>Sugars</u>		County <u>Offard</u> Municipality <u>Sugars</u>	
Street and Number of Con. and Lot <u>Belmont Street</u>		Street and Number of Con. and Lot <u>Belmont Street</u>		Street and Number of Con. and Lot <u>Belmont Street</u>	
Surname <u>Hill</u>		Surname <u>Barton</u>		Surname <u>Riley</u>	
Given names in full <u>William Cyril</u>		Given names in full <u>Ernest Mathias Barton</u>		Given names in full <u>Hugh Riley</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>Dec 3rd 1921</u>		Date of Birth <u>Dec 17th 1921</u>		Date of Birth <u>July 6th 1922</u>	
Full name <u>William Henry Hill</u>		Full name <u>Ernest Mathias Barton</u>		Full name <u>Hugh Riley</u>	
Usual residence <u>Sugars</u>	Age last birthday <u>27</u>	Usual residence <u>Sugars</u>	Age last birthday <u>40</u>	Usual residence <u>Embers</u>	Age last birthday <u>29</u>
Racial origin <u>English</u>	Birth-place <u>England</u>	Racial origin <u>English</u>	Birth-place <u>England</u>	Racial origin <u>Scottish</u>	Birth-place <u>Scotland</u>
Trade or Profession <u>Labourer</u>	Kind of industry or business in which employed <u>Woolen Factory</u>	Trade or Profession <u>Dairyman</u>	Kind of industry or business in which employed <u>Milkman</u>	Trade or Profession <u>Farmer</u>	Kind of industry or business in which employed <u>Farming</u>
Full maiden name <u>Beatrice Hunter</u>		Full maiden name <u>Mary Etta Haley</u>		Full maiden name <u>Agnes Johnstone Duncan</u>	
Usual residence <u>Sugars</u>	Age last birthday <u>19</u>	Usual residence <u>Sugars</u>	Age last birthday <u>38</u>	Usual residence <u>Embers</u>	Age last birthday <u>20</u>
Racial origin <u>English</u>	Birth-place <u>England</u>	Racial origin <u>English</u>	Birth-place <u>England</u>	Racial origin <u>Scottish</u>	Birth-place <u>Scotland</u>
Number of children including this one living <u>2</u>	dead <u>0</u>	Still-born <u>0</u>	Number of children including this one living <u>2</u>	dead <u>1</u>	Still-born <u>0</u>
Occupation, if other than household duties		Occupation, if other than household duties		Occupation, if other than household duties	
Name of Informant <u>Mrs W F Hill</u>		Name of Informant <u>Ernest Barton</u>		Name of Informant <u>Mrs Riley</u>	
Address <u>Sugars</u>		Address <u>Sugars</u>		Address <u>Embers, Ont.</u>	
Name of Physician in attendance <u>Dr. Curran</u>		Name of Physician in attendance <u>Dr. Curran</u>		Name of Physician in attendance <u>Dr. Curran</u>	
Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Jan 20/22</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Dec 17/21</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>July 6/22</u>
No. 4		No. 5		No. 6	
County <u>Offard</u> Municipality <u>Sugars</u>		County <u>Offard</u> Municipality <u>Sugars</u>		County <u>Offard</u> Municipality <u>Sugars</u>	
Street and Number of Con. and Lot <u>Belmont Street</u>		Street and Number of Con. and Lot <u>Belmont Street</u>		Street and Number of Con. and Lot <u>Wall Street</u>	
Surname <u>Ellis</u>		Surname <u>Mayer</u>		Surname <u>Redhead</u>	
Given names in full <u>Katharine Maude</u>		Given names in full <u>James Darwin</u>		Given names in full <u>Mary Margaret</u>	
Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>
Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>Jan 5th 1922</u>		Date of Birth <u>Jan 19th 1922</u>		Date of Birth <u>Jan 11th 1922</u>	
Full name <u>James Carl Ellis</u>		Full name <u>Harold Edmund Mayer</u>		Full name <u>Robert Redhead</u>	
Usual residence <u>Berham</u>	Age last birthday <u>24</u>	Usual residence <u>Sugars</u>	Age last birthday <u>31</u>	Usual residence <u>Sugars</u>	Age last birthday <u>34</u>
Racial origin <u>English</u>	Birth-place <u>Berham</u>	Racial origin <u>English</u>	Birth-place <u>Sugars</u>	Racial origin <u>English</u>	Birth-place <u>Ontario</u>
Trade or Profession <u>Farmer</u>	Kind of industry or business in which employed <u>Farming</u>	Trade or Profession <u>Green</u>	Kind of industry or business in which employed	Trade or Profession <u>Steam fitter</u>	Kind of industry or business in which employed
Full maiden name <u>Beatrice Hunter</u>		Full maiden name <u>Mertle Louise Harvey</u>		Full maiden name <u>Margaret Louisa Hurme</u>	
Usual residence <u>Berham</u>	Age last birthday <u>23</u>	Usual residence <u>Sugars</u>	Age last birthday <u>23</u>	Usual residence <u>Sugars</u>	Age last birthday <u>34</u>
Racial origin <u>Scottish</u>	Birth-place <u>Berham</u>	Racial origin <u>Irish</u>	Birth-place <u>U.S.A.</u>	Racial origin <u>Irish</u>	Birth-place <u>Sugars</u>
Number of children including this one living <u>1</u>	dead <u>0</u>	Still-born <u>0</u>	Number of children including this one living <u>1</u>	dead <u>0</u>	Still-born <u>0</u>
Occupation, if other than household duties		Occupation, if other than household duties		Occupation, if other than household duties	
Name of Informant <u>Ada C. Hedges</u>		Name of Informant <u>H. W. Mayer</u>		Name of Informant <u>Robert Redhead</u>	
Address <u>Sugars</u>		Address <u>Bramford</u>		Address <u>Sugars</u>	
Name of Physician in attendance <u>Dr. Curran</u>		Name of Physician in attendance <u>Dr. Curran</u>		Name of Physician in attendance <u>Dr. Macdonald</u>	
Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Jan 30/22</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Jan 19/22</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>Jan 11/22</u>

I hereby certify that the above are correct registrations of Births filed with me during the month of January 1922

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

Charles Ellis, Anna Henrietta Gonerman, Lenore Eileen ...  
 mcombe mcombe, Clara Violet Taylor, Marian Grace Macbeth ...  
 Albert Macbeth, Margaret Corless, Constance Mary Fuller, Herbert ...  
 Fuller, Anny Wright.

County of Jefferson

Division of Surgeons

No. 11

County Jefferson Municipality Jefferson  
 Street and Number Charles Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Moore

Given name in full William Francis

Sex (M. or F.) M    Twin or Triplet No    Was child born alive Yes    Legitimate "Yes" or "No" Yes

Date of Birth July 19th 1922

**FATHER**  
 Full name Francis O. Moore    Age last birthday 29  
 Usual residence Jefferson  
 Racial origin English    Birth-plate Jefferson  
 Occupation Barber  
 Trade or Profession Barber  
 Kind of industry or business in which employed do

**MOTHER**  
 Full maiden name Adolphine Gregg    Age last birthday 27  
 Usual residence Jefferson  
 Racial origin English    Birth-plate Jefferson  
 Number of children including this one living 3    dead 0    Still-born 0  
 Occupation, if other than household duties -

No. 12

County Jefferson Municipality Jefferson  
 Street and Number Charles Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Ellis

Given name in full Donald Richard

Sex (M. or F.) M    Twin or Triplet No    Was child born alive Yes    Legitimate "Yes" or "No" Yes

Date of Birth July 26th 1922

**FATHER**  
 Full name Frank Charles Ellis    Age last birthday 31  
 Usual residence Jefferson  
 Racial origin Scottish    Birth-plate Jefferson  
 Occupation Butcher  
 Trade or Profession Butcher  
 Kind of industry or business in which employed -

**MOTHER**  
 Full maiden name Anna Henrietta Gonerman    Age last birthday 25  
 Usual residence Jefferson  
 Racial origin German    Birth-plate Jefferson  
 Number of children including this one living 4    dead 0    Still-born 0  
 Occupation, if other than household duties -

No. 1

County Jefferson Municipality Jefferson  
 Street and Number Benham Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Macbeth

Given name in full Marian Grace

Sex (M. or F.) F    Twin or Triplet No    Was child born alive Yes    Legitimate "Yes" or "No" Yes

Date of Birth July 26th 1922

**FATHER**  
 Full name Thomas Elliott Macbeth    Age last birthday 39  
 Usual residence Jefferson  
 Racial origin Scottish    Birth-plate Jefferson  
 Occupation Well Driller  
 Trade or Profession Well Driller  
 Kind of industry or business in which employed -

**MOTHER**  
 Full maiden name Margaret M. Corless    Age last birthday 31  
 Usual residence Jefferson  
 Racial origin English    Birth-plate Jefferson  
 Number of children including this one living 5    dead 0    Still-born 0  
 Occupation, if other than household duties -

Name of Informant J. O. Moore  
 Address Jefferson  
 Name of Physician in attendance D. Williams  
 Did physician give notice of this birth? Yes    Date of receipt by D. R. July 19/22

Name of Informant Mrs J. O. Ellis  
 Address Jefferson  
 Name of Physician in attendance D. Ferguson  
 Did physician give notice of this birth? No    Date of receipt by D. R. -

Name of Informant Albert Macbeth  
 Address Jefferson  
 Name of Physician in attendance D. Corless  
 Did physician give notice of this birth? Yes    Date of receipt by D. R. July 4/22

No. 2

County Jefferson Municipality Jefferson  
 Street and Number Charles Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Schram

Given name in full Annie Beane

Sex (M. or F.) F    Twin or Triplet No    Was child born alive Yes    Legitimate "Yes" or "No" Yes

Date of Birth July 11th 1922

**FATHER**  
 Full name William Theobald Schram    Age last birthday 24  
 Usual residence Jefferson  
 Racial origin Canadian    Birth-plate Jefferson  
 Occupation Butcher  
 Trade or Profession Butcher  
 Kind of industry or business in which employed -

**MOTHER**  
 Full maiden name Josephine Sharpe    Age last birthday 21  
 Usual residence Jefferson  
 Racial origin Canadian    Birth-plate Jefferson  
 Number of children including this one living 1    dead 0    Still-born 0  
 Occupation, if other than household duties -

Name of Informant Mrs R. Walker  
 Address Jefferson  
 Name of Physician in attendance D. Corless  
 Did physician give notice of this birth? Yes    Date of receipt by D. R. July 22/22

No. 3

County Jefferson Municipality Jefferson  
 Street and Number Charles Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Mcombe

Given name in full Lenore Eileen

Sex (M. or F.) F    Twin or Triplet No    Was child born alive Yes    Legitimate "Yes" or "No" Yes

Date of Birth Mar 12th 1922

**FATHER**  
 Full name Archie Mcombe    Age last birthday 27  
 Usual residence Jefferson  
 Racial origin Canadian    Birth-plate Jefferson  
 Occupation Gas Superintendent  
 Trade or Profession Gas Superintendent  
 Kind of industry or business in which employed Gas

**MOTHER**  
 Full maiden name Clara Violet Taylor    Age last birthday 25  
 Usual residence Jefferson  
 Racial origin Canadian    Birth-plate Jefferson  
 Number of children including this one living 1    dead 0    Still-born 0  
 Occupation, if other than household duties -

Name of Informant Archie Mcombe  
 Address Jefferson  
 Name of Physician in attendance D. Williams  
 Did physician give notice of this birth? Yes    Date of receipt by D. R. Mar 11/22

No. 4

County Jefferson Municipality Jefferson  
 Street and Number Charles Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Fuller

Given name in full Constance Mary

Sex (M. or F.) F    Twin or Triplet No    Was child born alive Yes    Legitimate "Yes" or "No" Yes

Date of Birth July 15th 1922

**FATHER**  
 Full name Arthur Charles Fuller    Age last birthday 37  
 Usual residence Jefferson  
 Racial origin English    Birth-plate Jefferson  
 Occupation  Carpenter  
 Trade or Profession Carpenter  
 Kind of industry or business in which employed -

**MOTHER**  
 Full maiden name Annie Wright    Age last birthday 37  
 Usual residence Jefferson  
 Racial origin English    Birth-plate Jefferson  
 Number of children including this one living 7    dead 1    Still-born 0  
 Occupation, if other than household duties Annie Fuller

Name of Informant -  
 Address Jefferson  
 Name of Physician in attendance D. Corless  
 Did physician give notice of this birth? Yes    Date of receipt by D. R. July 15/22

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I hereby certify that the above are correct registrations of Births filed with me during the month of July, March 1922



Thompson, Ruby Myrtle Smith, Harry Michael James Jones, Mary Jane ... marguerite enright, ross edward corbett, francis corbett, Effie Przela Cucksey.

# BIRTHS

County of Offard

Division of Sugars

No. 5

County Offard Municipality Sugars  
 Street and Number West St  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Kirwin

Given names in full Mary Margaret

Sex (M. or F.) F Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth July 2nd 1922

FATHER: Full name Leo J Kirwin Age last birthday 27  
 Usual residence Sugars  
 Racial origin Irish Birth-place Ontario  
 OCCUPATION: Trade or Profession Operator  
 Kind of industry or business in which employed Telegraph

MOTHER: Full maiden name Mae A. Hennessy Age last birthday 26  
 Usual residence Sugars  
 Racial origin Irish Birth-place Ontario  
 Number of children including this one living 2 dead 0 still-born 0  
 Occupation, if other than household duties

No. 6

County Offard Municipality Sugars  
 Street and Number West St  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Kirwin

Given names in full Calvin James

Sex (M. or F.) M Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth July 7th 1922

FATHER: Full name Leo J Kirwin Age last birthday 27  
 Usual residence Sugars  
 Racial origin Irish Birth-place Ontario  
 OCCUPATION: Trade or Profession Operator  
 Kind of industry or business in which employed Telegraph

MOTHER: Full maiden name Mae A. Hennessy Age last birthday 26  
 Usual residence Sugars  
 Racial origin Irish Birth-place Ontario  
 Number of children including this one living 3 dead 0 still-born 0  
 Occupation, if other than household duties

No. 7

County Offard Municipality Sugars  
 Street and Number Albion Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Furlong James

Given names in full Harry Richard

Sex (M. or F.) M Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth July 20th 1922

FATHER: Full name Samuel Furlong Age last birthday 35  
 Usual residence Sugars  
 Racial origin Irish Birth-place Ontario  
 OCCUPATION: Trade or Profession Doctor

MOTHER: Full maiden name Marguerite A. Enright Age last birthday 30  
 Usual residence Sugars  
 Racial origin Canadian Birth-place Sugars  
 Number of children including this one living 1 dead 0 still-born 0  
 Occupation, if other than household duties

Name of Informant Leo J Kirwin

Address Sugars

Name of Physician in attendance D. Furlong

Did physician give notice of this birth? Yes Date of receipt by D. R. July 2/22

County Offard Municipality Sugars  
 Street and Number West St  
 or Con. and Lot (If in hospital, give name instead of street)

Name of Informant Leo J Kirwin

Address Sugars

Name of Physician in attendance D. Furlong

Did physician give notice of this birth? Yes Date of receipt by D. R. July 7/22

County Offard Municipality Sugars  
 Street and Number West St  
 or Con. and Lot (If in hospital, give name instead of street)

Name of Informant Harry R. Furlong

Address Sugars

Name of Physician in attendance D. Carrist

Did physician give notice of this birth? Yes Date of receipt by D. R. July 24/22

County Offard Municipality Sugars  
 Street and Number Albion Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

No. 8

County Offard Municipality Sugars  
 Street and Number West St  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Sauko

Given names in full William John

Sex (M. or F.) M Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth July 23rd 1922

FATHER: Full name William John Sauko Age last birthday 27  
 Usual residence Sugars  
 Racial origin English Birth-place England  
 OCCUPATION: Trade or Profession Laborer  
 Kind of industry or business in which employed See Iron Mine

MOTHER: Full maiden name Beatrice Christian Age last birthday 20  
 Usual residence Sugars  
 Racial origin English Birth-place England  
 Number of children including this one living 1 dead 0 still-born 0  
 Occupation, if other than household duties

Name of Informant W. J. Sauko

Address Sugars

Name of Physician in attendance D. Furlong

Did physician give notice of this birth? Yes Date of receipt by D. R. July 23/22

No. 9

County Offard Municipality Sugars  
 Street and Number West St  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Thompson

Given names in full Ruby Myrtle

Sex (M. or F.) F Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth July 13th 1922

FATHER: Full name William John Thompson Age last birthday 30  
 Usual residence Sugars  
 Racial origin English Birth-place Ontario  
 OCCUPATION: Trade or Profession Finisher  
 Kind of industry or business in which employed Lumber

MOTHER: Full maiden name Ruby Myrtle Smith Age last birthday 23  
 Usual residence Sugars  
 Racial origin English Birth-place Ontario  
 Number of children including this one living 1 dead 1 still-born 0  
 Occupation, if other than household duties

Name of Informant W. J. Thompson

Address Sugars

Name of Physician in attendance D. Carrist

Did physician give notice of this birth? Yes Date of receipt by D. R. July 14/22

No. 10

County Offard Municipality Sugars  
 Street and Number Albion Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Corbett

Given names in full Ross Edward

Sex (M. or F.) M Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth July 5th 1922

FATHER: Full name Francis Roy Corbett Age last birthday 28  
 Usual residence Belgin  
 Racial origin Canadian Birth-place Ontario  
 OCCUPATION: Trade or Profession Mechanic  
 Kind of industry or business in which employed Garage

MOTHER: Full maiden name Effie Angela Cucksey Age last birthday 19  
 Usual residence Belgin  
 Racial origin Canadian Birth-place Ontario  
 Number of children including this one living 1 dead 0 still-born 0  
 Occupation, if other than household duties

Name of Informant Edna L. Hadger

Address Sugars

Name of Physician in attendance D. Williams

Did physician give notice of this birth? Yes Date of receipt by D. R. July 6/22

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1922

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# BIRTHS

mary patricia jacombe, harry jacombe, anna mcgriffin, james cezar, frank ewhurst, joseph william ewhurst, victor, thomson graydon, frank willis houghton, james joseph houghton, neldie johnstone barrow, turn calder griffin, william henry griffin, mary appleman griffin, margaret taylor, jew evelyn taylor, mabel alice spenser

County of Delaware

Division of Sanitation

No. 1  
County Delaware  
Street and Number 1000 North Delaware Street  
City, Town or Loc. Wilmington  
(If in hospital, give name, location of street)

No. 1  
County Delaware  
Street and Number 1000 North Delaware Street  
City, Town or Loc. Wilmington  
(If in hospital, give name, location of street)

No. 2  
County Delaware  
Street and Number 1000 North Delaware Street  
City, Town or Loc. Wilmington  
(If in hospital, give name, location of street)

Surname Evans  
Given name in full John Delaney  
Sex (M. or F.) M  
Date of Birth April 6th 1922  
Was child born alive? Yes  
Legitimate Yes  
If illegitimate, give name of father

Surname Evans  
Given name in full John Delaney  
Sex (M. or F.) M  
Date of Birth Mar 17th 1922  
Was child born alive? Yes  
Legitimate Yes  
If illegitimate, give name of father

Surname Evans  
Given name in full Ruby Catherine  
Sex (M. or F.) F  
Date of Birth Mar 16th 1922  
Was child born alive? Yes  
Legitimate Yes  
If illegitimate, give name of father

FATHER  
Full name John Joseph Evans  
Usual residence London  
Racial origin English  
Trade or Profession Merchant  
Kind of industry or business in which employed Business

FATHER  
Full name John Joseph Evans  
Usual residence London  
Racial origin English  
Trade or Profession Merchant  
Kind of industry or business in which employed Business

FATHER  
Full name John Joseph Evans  
Usual residence London  
Racial origin English  
Trade or Profession Merchant  
Kind of industry or business in which employed Business

MOTHER  
Full name Elizabeth Maud Thompson  
Usual residence London  
Racial origin English  
Trade or Profession Business  
Kind of industry or business in which employed Business

MOTHER  
Full name Elizabeth Maud Thompson  
Usual residence London  
Racial origin English  
Trade or Profession Business  
Kind of industry or business in which employed Business

MOTHER  
Full name Elizabeth Maud Thompson  
Usual residence London  
Racial origin English  
Trade or Profession Business  
Kind of industry or business in which employed Business

Name of Informant Ada S. Hoagley  
Address London  
Name of Physician Dr. Carnah  
In attendance Yes  
Did physician give notice of this birth? Yes  
Date of receipt by D. R. Mar 14/22

Name of Informant W. Hoagley  
Address London  
Name of Physician Dr. Carnah  
In attendance Yes  
Did physician give notice of this birth? Yes  
Date of receipt by D. R. Mar 14/22

Name of Informant W. Hoagley  
Address London  
Name of Physician Dr. Carnah  
In attendance Yes  
Did physician give notice of this birth? Yes  
Date of receipt by D. R. Mar 14/22

FATHER  
Full name John Joseph Evans  
Usual residence London  
Racial origin English  
Trade or Profession Merchant  
Kind of industry or business in which employed Business

FATHER  
Full name John Joseph Evans  
Usual residence London  
Racial origin English  
Trade or Profession Merchant  
Kind of industry or business in which employed Business

FATHER  
Full name John Joseph Evans  
Usual residence London  
Racial origin English  
Trade or Profession Merchant  
Kind of industry or business in which employed Business

MOTHER  
Full name Elizabeth Maud Thompson  
Usual residence London  
Racial origin English  
Trade or Profession Business  
Kind of industry or business in which employed Business

MOTHER  
Full name Elizabeth Maud Thompson  
Usual residence London  
Racial origin English  
Trade or Profession Business  
Kind of industry or business in which employed Business

MOTHER  
Full name Elizabeth Maud Thompson  
Usual residence London  
Racial origin English  
Trade or Profession Business  
Kind of industry or business in which employed Business

Name of Informant Ada S. Hoagley  
Address London  
Name of Physician Dr. Carnah  
In attendance Yes  
Did physician give notice of this birth? Yes  
Date of receipt by D. R. Mar 14/22

Name of Informant W. Hoagley  
Address London  
Name of Physician Dr. Carnah  
In attendance Yes  
Did physician give notice of this birth? Yes  
Date of receipt by D. R. Mar 14/22

Name of Informant W. Hoagley  
Address London  
Name of Physician Dr. Carnah  
In attendance Yes  
Did physician give notice of this birth? Yes  
Date of receipt by D. R. Mar 14/22

FATHER  
Full name John Joseph Evans  
Usual residence London  
Racial origin English  
Trade or Profession Merchant  
Kind of industry or business in which employed Business

FATHER  
Full name John Joseph Evans  
Usual residence London  
Racial origin English  
Trade or Profession Merchant  
Kind of industry or business in which employed Business

FATHER  
Full name John Joseph Evans  
Usual residence London  
Racial origin English  
Trade or Profession Merchant  
Kind of industry or business in which employed Business

MOTHER  
Full name Elizabeth Maud Thompson  
Usual residence London  
Racial origin English  
Trade or Profession Business  
Kind of industry or business in which employed Business

MOTHER  
Full name Elizabeth Maud Thompson  
Usual residence London  
Racial origin English  
Trade or Profession Business  
Kind of industry or business in which employed Business

MOTHER  
Full name Elizabeth Maud Thompson  
Usual residence London  
Racial origin English  
Trade or Profession Business  
Kind of industry or business in which employed Business

Name of Informant Ruby Catherine  
Address London  
Name of Physician Dr. Carnah  
In attendance Yes  
Did physician give notice of this birth? Yes  
Date of receipt by D. R. Mar 14/22

Name of Informant W. Hoagley  
Address London  
Name of Physician Dr. Carnah  
In attendance Yes  
Did physician give notice of this birth? Yes  
Date of receipt by D. R. Mar 14/22

Name of Informant Ruby Catherine  
Address London  
Name of Physician Dr. Carnah  
In attendance Yes  
Did physician give notice of this birth? Yes  
Date of receipt by D. R. Mar 14/22

FATHER  
Full name John Joseph Evans  
Usual residence London  
Racial origin English  
Trade or Profession Merchant  
Kind of industry or business in which employed Business

FATHER  
Full name John Joseph Evans  
Usual residence London  
Racial origin English  
Trade or Profession Merchant  
Kind of industry or business in which employed Business

FATHER  
Full name John Joseph Evans  
Usual residence London  
Racial origin English  
Trade or Profession Merchant  
Kind of industry or business in which employed Business

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of March 1922

1922







# BIRTHS

Lester Peach, George Thomas Peck, Della Sims, Joseph ...  
 halter, Annie Tallant, John William Eckhardt, Lanson Harvey Eckhardt,  
 Margaret Lyons, Elsie Margaret Haines, William Haynes, Kathleen Harris,  
 Irene White, Charles Cyril Frederick White, Myrtle May Noe

County of Alford

Division of Sugars

No. 12		No. 1		No. 2	
County <u>Alford</u> Municipality <u>Sugars</u>		County <u>Alford</u> Municipality <u>Sugars</u>		County <u>Alford</u> Municipality <u>Sugars</u>	
Street and Number <u>Weymouth Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Weymouth Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Weymouth Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Furtney</u>		Surname <u>Halter</u>		Surname <u>Haynes</u>	
Given names in full <u>John Nelson</u>		Given names in full <u>Joseph Edward</u>		Given names in full <u>Elsie Margaret</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	
Date of Birth <u>Apr 16th 1922</u>		Date of Birth <u>Apr 6th 1922</u>		Date of Birth <u>Mar 15th 1922</u>	
FATHER	Full name <u>Charles Leslie Furtney</u>	Full name <u>John Halter</u>	Full name <u>William Haynes</u>	Full name <u>William Haynes</u>	Full name <u>William Haynes</u>
	Usual residence <u>Dorchester</u>	Usual residence <u>Sugars</u>	Usual residence <u>Sugars</u>	Usual residence <u>Sugars</u>	Usual residence <u>Sugars</u>
	Racial origin <u>English</u> Birth <u>Ontario</u>	Racial origin <u>French</u> Birth <u>Ontario</u>	Racial origin <u>English</u> Birth <u>England</u>	Racial origin <u>English</u> Birth <u>England</u>	Racial origin <u>English</u> Birth <u>England</u>
MOTHER	Trade or Profession <u>Farmer</u>	Trade or Profession <u>Woolweaver</u>	Trade or Profession <u>Woolweaver</u>	Trade or Profession <u>Woolweaver</u>	Trade or Profession <u>Woolweaver</u>
	Kind of industry or business in which employed <u>Farming</u>	Kind of industry or business in which employed <u>Woolweaving</u>	Kind of industry or business in which employed <u>Woolweaving</u>	Kind of industry or business in which employed <u>Woolweaving</u>	Kind of industry or business in which employed <u>Woolweaving</u>
	Full maiden name <u>Oliver Louisa White</u>	Full maiden name <u>Annie Dalton</u>	Full maiden name <u>Kathleen Harris</u>	Full maiden name <u>Kathleen Harris</u>	Full maiden name <u>Kathleen Harris</u>
Usual residence <u>Dorchester</u>	Usual residence <u>Sugars</u>	Usual residence <u>Sugars</u>	Usual residence <u>Sugars</u>	Usual residence <u>Sugars</u>	
Racial origin <u>English</u> Birth <u>Ontario</u>	Racial origin <u>Irish</u> Birth <u>Sugars</u>	Racial origin <u>Irish</u> Birth <u>Sugars</u>	Racial origin <u>Irish</u> Birth <u>Sugars</u>	Racial origin <u>Irish</u> Birth <u>Sugars</u>	
Number of children including this one <u>Living 1</u> <u>dead 1</u> <u>Still-born 0</u>	Number of children including this one <u>Living 1</u> <u>dead 0</u> <u>Still-born 0</u>	Number of children including this one <u>Living 1</u> <u>dead 0</u> <u>Still-born 0</u>	Number of children including this one <u>Living 1</u> <u>dead 0</u> <u>Still-born 0</u>	Number of children including this one <u>Living 1</u> <u>dead 0</u> <u>Still-born 0</u>	
Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Mrs Charles Furtney</u>		Name of Informant <u>John Halter</u>		Name of Informant <u>Kathleen Haynes</u>	
Address <u>Meadley R.R. No. 1</u>		Address <u>Sugars</u>		Address <u>Sugars</u>	
Name of Physician in attendance <u>D. Furlong</u>		Name of Physician in attendance <u>D. Williams</u>		Name of Physician in attendance <u>D. Williams</u>	
Did physician give notice of this birth? <u>No</u> Date of receipt by D. K. <u>-</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. K. <u>Apr 9/22</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. K. <u>May 3/22</u>	
No. 1		No. 4		No. 5	
County <u>Alford</u> Municipality <u>Sugars</u>		County <u>Alford</u> Municipality <u>Sugars</u>		County <u>Alford</u> Municipality <u>Sugars</u>	
Street and Number <u>Weymouth Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Weymouth Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Weymouth Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Peach</u>		Surname <u>Eckhardt</u>		Surname <u>White</u>	
Given names in full <u>Donald Leonard</u>		Given names in full <u>John William</u>		Given names in full <u>Charles Cyril Frederick</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	
Date of Birth <u>Apr 9th 1922</u>		Date of Birth <u>Apr 14th 1922</u>		Date of Birth <u>May 1st 1922</u>	
FATHER	Full name <u>George Thomas Peach</u>	Full name <u>Lanson Harvey Eckhardt</u>	Full name <u>Charles Cyril Frederick White</u>	Full name <u>Charles Cyril Frederick White</u>	Full name <u>Charles Cyril Frederick White</u>
	Usual residence <u>Sugars</u>	Usual residence <u>Sugars</u>	Usual residence <u>Sugars</u>	Usual residence <u>Sugars</u>	Usual residence <u>Sugars</u>
	Racial origin <u>Scottish</u> Birth <u>Ontario</u>	Racial origin <u>English</u> Birth <u>Ontario</u>	Racial origin <u>English</u> Birth <u>Ontario</u>	Racial origin <u>English</u> Birth <u>Ontario</u>	Racial origin <u>English</u> Birth <u>Ontario</u>
MOTHER	Trade or Profession <u>Hardener</u>	Trade or Profession <u>Chamber</u>	Trade or Profession <u>Chamber</u>	Trade or Profession <u>Chamber</u>	Trade or Profession <u>Chamber</u>
	Kind of industry or business in which employed <u>Die Co.</u>	Kind of industry or business in which employed <u>Chambering</u>	Kind of industry or business in which employed <u>Chambering</u>	Kind of industry or business in which employed <u>Chambering</u>	Kind of industry or business in which employed <u>Chambering</u>
	Full maiden name <u>Della Sims</u>	Full maiden name <u>Margaret Lyons</u>	Full maiden name <u>Myrtle May Noe</u>	Full maiden name <u>Myrtle May Noe</u>	Full maiden name <u>Myrtle May Noe</u>
Usual residence <u>Sugars</u>	Usual residence <u>Sugars</u>	Usual residence <u>Sugars</u>	Usual residence <u>Sugars</u>	Usual residence <u>Sugars</u>	
Racial origin <u>English</u> Birth <u>Ontario</u>	Racial origin <u>English</u> Birth <u>Ontario</u>	Racial origin <u>English</u> Birth <u>Ontario</u>	Racial origin <u>English</u> Birth <u>Ontario</u>	Racial origin <u>English</u> Birth <u>Ontario</u>	
Number of children including this one <u>Living 1</u> <u>dead 0</u> <u>Still-born 0</u>	Number of children including this one <u>Living 1</u> <u>dead 0</u> <u>Still-born 0</u>	Number of children including this one <u>Living 1</u> <u>dead 0</u> <u>Still-born 0</u>	Number of children including this one <u>Living 1</u> <u>dead 0</u> <u>Still-born 0</u>	Number of children including this one <u>Living 1</u> <u>dead 0</u> <u>Still-born 0</u>	
Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Geo. Thomas Peach</u>		Name of Informant <u>L. H. Eckhardt</u>		Name of Informant <u>Chas. C. F. White</u>	
Address <u>Sugars</u>		Address <u>Sugars</u>		Address <u>Sugars</u>	
Name of Physician in attendance <u>D. Macdonald</u>		Name of Physician in attendance <u>D. Counter</u>		Name of Physician in attendance <u>D. Macdonald</u>	
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. K. <u>Apr 17/22</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. K. <u>Apr 14/22</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. K. <u>May 1/22</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of Apr 5 May 1922



lazel glady howard, gwyn edward hanson, james edward hanson, mildermond mcdormand, gordon leslie phillips, george roy phillips, mary margarette berdan, stanley thomas corke, reginald corke, ellen mary o meara

# BIRTHS

County of Offord Division of Sudbureau

No. 6		No. 7		No. 8	
County <u>Offord</u> Municipality <u>Sudbureau</u>		County <u>Offord</u> Municipality <u>Sudbureau</u>		County <u>Offord</u> Municipality <u>Sudbureau</u>	
Street and Number or Con. and Lot <u>Kingsley</u>		Street and Number or Con. and Lot <u>Kingsley</u>		Street and Number or Con. and Lot <u>Alexandra Hospital</u>	
Surname <u>Jones</u>		Surname <u>English</u>		Surname <u>Phillips</u>	
Given names in full <u>Thomas</u>		Given names in full <u>Helen Berene</u>		Given names in full <u>George Roy</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>May 10th 1922</u>		Date of Birth <u>Apr 21st 1922</u>		Date of Birth <u>Apr 21st 1922</u>	
Full name <u>Richard William Jones</u>		Full name <u>William H. English</u>		Full name <u>George Roy Phillips</u>	
Usual residence <u>Sudbureau</u>		Usual residence <u>Sudbureau</u>		Usual residence <u>West Offord</u>	
Racial origin <u>Canadian</u>		Racial origin <u>English</u>		Racial origin <u>English</u>	
Trade or Profession <u>Mechanic</u>		Trade or Profession <u>Finisher</u>		Trade or Profession <u>Farmer</u>	
Kind of industry or business in which employed <u>Garage</u>		Kind of industry or business in which employed <u>Spiritualist &amp; Stationery</u>		Kind of industry or business in which employed <u>Farming</u>	
Full maiden name <u>Edith May McKee</u>		Full maiden name <u>Isabel Elizabeth Nuttall</u>		Full maiden name <u>Mary Margarette Berdan</u>	
Usual residence <u>Sudbureau</u>		Usual residence <u>Sudbureau</u>		Usual residence <u>West Offord</u>	
Racial origin <u>Canadian</u>		Racial origin <u>English</u>		Racial origin <u>English</u>	
Number of children including this one living <u>1</u> dead <u>1</u> still-born <u>0</u>		Number of children including this one living <u>3</u> dead <u>1</u> still-born <u>0</u>		Number of children including this one living <u>4</u> dead <u>0</u> still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Fred W Jones</u>		Name of Informant <u>W. H. English</u>		Name of Informant <u>Mrs Roy Phillips</u>	
Address <u>Sudbureau</u>		Address <u>Sudbureau</u>		Address <u>Sudbureau</u>	
Name of Physician in attendance <u>Dr. Gurling</u>		Name of Physician in attendance <u>Dr. Gurling</u>		Name of Physician in attendance <u>Dr. Gurling</u>	
Did physician give notice of this birth? <u>Yes</u>		Did physician give notice of this birth? <u>Yes</u>		Did physician give notice of this birth? <u>Yes</u>	
Date of receipt by D. R. <u>May 11/22</u>		Date of receipt by D. R. <u>Apr 21/22</u>		Date of receipt by D. R. <u>Apr 21/22</u>	
No. 9		No. 10		No. 11	
County <u>Offord</u> Municipality <u>Sudbureau</u>		County <u>Offord</u> Municipality <u>Sudbureau</u>		County <u>Offord</u> Municipality <u>Sudbureau</u>	
Street and Number or Con. and Lot <u>Cherry Street</u>		Street and Number or Con. and Lot <u>Alexandra Hospital</u>		Street and Number or Con. and Lot <u>James Street</u>	
Surname <u>Knott</u>		Surname <u>Harris</u>		Surname <u>Carke</u>	
Given names in full <u>Jean Elizabeth</u>		Given names in full <u>Sumner Aileen</u>		Given names in full <u>Stanley Thomas</u>	
Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>May 1st 1922</u>		Date of Birth <u>April 20th 1922</u>		Date of Birth <u>May 2nd 1922</u>	
Full name <u>LeRoy Charles Knott</u>		Full name <u>James Craig Harris</u>		Full name <u>Reginald Carke</u>	
Usual residence <u>Sudbureau</u>		Usual residence <u>West Offord</u>		Usual residence <u>Sudbureau</u>	
Racial origin <u>English</u>		Racial origin <u>Scottish</u>		Racial origin <u>English</u>	
Trade or Profession <u>Farmer</u>		Trade or Profession <u>Quilt grower</u>		Trade or Profession <u>Carpenter</u>	
Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>	
Full maiden name <u>Edith May McKee</u>		Full maiden name <u>Rhea Aileen McDormand</u>		Full maiden name <u>Ellen Mary O'Meara</u>	
Usual residence <u>Sudbureau</u>		Usual residence <u>West Offord</u>		Usual residence <u>Sudbureau</u>	
Racial origin <u>English</u>		Racial origin <u>Scottish</u>		Racial origin <u>Irish</u>	
Number of children including this one living <u>2</u> dead <u>0</u> still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u>		Number of children including this one living <u>6</u> dead <u>0</u> still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>S. S. Knott</u>		Name of Informant <u>Craig Harris</u>		Name of Informant <u>R. Carke</u>	
Address <u>Sudbureau</u>		Address <u>Sudbureau</u>		Address <u>Sudbureau</u>	
Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Gurling</u>	
Did physician give notice of this birth? <u>Yes</u>		Did physician give notice of this birth? <u>Yes</u>		Did physician give notice of this birth? <u>Yes</u>	
Date of receipt by D. R. <u>May 1/22</u>		Date of receipt by D. R. <u>May 4/22</u>		Date of receipt by D. R. <u>May 2/22</u>	

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

johnson, doris lenore ackert, eric ernest ackert, ivy harr et cetera, muriel eileen cooke, charles cooke, florence welsford, jessie leona tickner, walter thomas tickner, harriet agnes johnson, earnest ernest clewnt owens, joseph owens, glady's irene booker.

County of Alford

Division of Singers

No. 6

County Alford Municipality Singers  
 Street and Number Benham Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Staneman

Given names in full Douglas Wright

Sex (M. or F.) M Twin or Triplet  Was child born alive? Yes Legitimate "Yes" Yes or "No" No

Date of Birth April 30th 1922

FATHER: Full name Harry Cecil Staneman Usual residence Singers Age last birthday 32 Racial origin Canadian Birth-place Toulon Trade or Profession Sales Representative Kind of industry or business in which employed Sales Service, Ltd

MOTHER: Full maiden name Miss Beala Sudworth Usual residence Singers Age last birthday 29 Racial origin Canadian Birth-place Singers Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties

No. 7

County Alford Municipality Singers  
 Street and Number Alexandra Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Robert

Given names in full Marie Lenore

Sex (M. or F.) F Twin or Triplet  Was child born alive? Yes Legitimate "Yes" Yes or "No" No

Date of Birth May 25th 1922

FATHER: Full name Eric Emmett Robert Usual residence Singers Age last birthday 23 Racial origin English Birth-place Singers Trade or Profession Skinner Kind of industry or business in which employed Woolen Mills

MOTHER: Full maiden name Douglas Celia Cox Usual residence Singers Age last birthday 19 Racial origin English Birth-place England Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties

No. 8

County Alford Municipality Singers  
 Street and Number Alexandra Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Diakner

Given names in full Jessie Beana

Sex (M. or F.) F Twin or Triplet  Was child born alive? Yes Legitimate "Yes" Yes or "No" No

Date of Birth May 24th 1922

FATHER: Full name Walter Thomas Diakner Usual residence Singers Age last birthday 22 Racial origin English Birth-place England Trade or Profession Labourer Kind of industry or business in which employed Section hand

MOTHER: Full maiden name Christine Jones Usual residence Singers Age last birthday 30 Racial origin English Birth-place Ontario Number of children including this one living 1 dead 2 Still-born 0 Occupation, if other than household duties

No. 9

County Alford Municipality Singers  
 Street and Number Alexandra Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Jones

Given names in full Donald Fabian Jones

Sex (M. or F.) M Twin or Triplet  Was child born alive? Yes Legitimate "Yes" Yes or "No" No

Date of Birth May 10th 1922

FATHER: Full name Donald Fabian Jones Usual residence Singers Age last birthday 21 Racial origin English Birth-place Singers Trade or Profession Mechanic Kind of industry or business in which employed Fire Co.

MOTHER: Full maiden name Miss Adina Johnson Usual residence Singers Age last birthday 20 Racial origin English Birth-place Ontario Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties

No. 10

County Alford Municipality Singers  
 Street and Number James Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Coake

Given names in full Muriel Eileen

Sex (M. or F.) F Twin or Triplet  Was child born alive? Yes Legitimate "Yes" Yes or "No" No

Date of Birth June 21st 1922

FATHER: Full name Charles B Coake Usual residence Singers Age last birthday 26 Racial origin English Birth-place Singers Trade or Profession Banking Kind of industry or business in which employed W

MOTHER: Full maiden name Frances Welsford Usual residence Singers Age last birthday 27 Racial origin English Birth-place England Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties

No. 11

County Alford Municipality Singers  
 Street and Number Alexandra Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Owens

Given names in full Conceal Clement

Sex (M. or F.) M Twin or Triplet  Was child born alive? Yes Legitimate "Yes" Yes or "No" No

Date of Birth June 14th 1922

FATHER: Full name Joseph Owens Usual residence Singers Age last birthday 57 Racial origin English Birth-place Singers Trade or Profession Labourer Kind of industry or business in which employed

MOTHER: Full maiden name Edy Irene Booker Usual residence Singers Age last birthday 23 Racial origin English Birth-place Canada Number of children including this one living 3 dead 0 Still-born 0 Occupation, if other than household duties

No. 12

County Alford Municipality Singers  
 Street and Number Alexandra Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Jones

Given names in full Donald Fabian Jones

Sex (M. or F.) M Twin or Triplet  Was child born alive? Yes Legitimate "Yes" Yes or "No" No

Date of Birth May 19th 1922

FATHER: Full name Donald Fabian Jones Usual residence Singers Age last birthday 21 Racial origin English Birth-place Singers Trade or Profession Mechanic Kind of industry or business in which employed Fire Co.

MOTHER: Full maiden name Miss Adina Johnson Usual residence Singers Age last birthday 20 Racial origin English Birth-place Ontario Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties

No. 13

County Alford Municipality Singers  
 Street and Number James Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Coake

Given names in full Muriel Eileen

Sex (M. or F.) F Twin or Triplet  Was child born alive? Yes Legitimate "Yes" Yes or "No" No

Date of Birth June 21st 1922

FATHER: Full name Charles B Coake Usual residence Singers Age last birthday 26 Racial origin English Birth-place Singers Trade or Profession Banking Kind of industry or business in which employed W

MOTHER: Full maiden name Frances Welsford Usual residence Singers Age last birthday 27 Racial origin English Birth-place England Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties

No. 14

County Alford Municipality Singers  
 Street and Number Alexandra Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Owens

Given names in full Conceal Clement

Sex (M. or F.) M Twin or Triplet  Was child born alive? Yes Legitimate "Yes" Yes or "No" No

Date of Birth June 14th 1922

FATHER: Full name Joseph Owens Usual residence Singers Age last birthday 57 Racial origin English Birth-place Singers Trade or Profession Labourer Kind of industry or business in which employed

MOTHER: Full maiden name Edy Irene Booker Usual residence Singers Age last birthday 23 Racial origin English Birth-place Canada Number of children including this one living 3 dead 0 Still-born 0 Occupation, if other than household duties

I hereby certify that the above are correct registrations of Births filed with me during the month of June 1922

THIS SPACE TO BE RESERVED FOR BINDING



lampkin, walker lampkin, ethel maud russell, donald ray roy stephenson, charles milton stephenson, mary esther graydon, mary jane mcfarland, william mcfarland, bella helen morrison, john fant, william fant, annabel harris, cecil george fagan, george henry fagan, annie genera fleming

# BIRTHS

County of Offord

Division of Sugarsae

No. 12		No. 1		No. 2	
County <u>Offord</u> Municipality <u>Sugarsae</u>		County <u>Offord</u> Municipality <u>Sugarsae</u>		County <u>Offord</u> Municipality <u>Sugarsae</u>	
Street and Number <u>Wellington Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>James Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Alexandra Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Cover</u>		Surname <u>Stephenson</u>		Surname <u>Fant</u>	
Given names in full <u>Arthur Herbert</u>		Given names in full <u>Daniel Ray</u>		Given names in full <u>John</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>May 16th 1922</u>		Date of Birth <u>May 5th 1922</u>		Date of Birth <u>May 31st 1922</u>	
Full name <u>Frederic Cover</u>		Full name <u>Charles Milton Stephenson</u>		Full name <u>John William Fant</u>	
Usual residence <u>Sugarsae</u>	Age last birthday <u>30</u>	Usual residence <u>Sugarsae</u>	Age last birthday <u>39</u>	Usual residence <u>Sugarsae</u>	Age last birthday <u>27</u>
Racial origin <u>English</u>	Birth-place <u>England</u>	Racial origin <u>English</u>	Birth-place <u>Ontario</u>	Racial origin <u>Canadian</u>	Birth-place <u>Sugarsae</u>
Trade or Profession <u>Labourer</u>	Kind of industry or business in which employed <u>-</u>	Trade or Profession <u>Machinist</u>	Kind of industry or business in which employed <u>Repair</u>	Trade or Profession <u>Butcher</u>	Kind of industry or business in which employed <u>Can factory</u>
Full maiden name <u>Dorothy Jones Harey</u>		Full maiden name <u>Esther Catherine Graydon</u>		Full maiden name <u>Annabel Harris</u>	
Usual residence <u>Sugarsae</u>	Age last birthday <u>25</u>	Usual residence <u>Sugarsae</u>	Age last birthday <u>41</u>	Usual residence <u>Sugarsae</u>	Age last birthday <u>26</u>
Racial origin <u>English</u>	Birth-place <u>England</u>	Racial origin <u>Irish</u>	Birth-place <u>Ontario</u>	Racial origin <u>Canadian</u>	Birth-place <u>Ontario</u>
Number of children including this one living <u>3</u>	dead <u>0</u>	Number of children including this one living <u>6</u>	dead <u>3</u>	Number of children including this one living <u>0</u>	dead <u>0</u>
Still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Still-born <u>1</u>	Occupation, if other than household duties <u>-</u>
Name of Informant <u>Frederic Cover</u>		Name of Informant <u>Chas M Stephenson</u>		Name of Informant <u>John W Fant</u>	
Address <u>Sugarsae</u>		Address <u>Sugarsae</u>		Address <u>Sugarsae</u>	
Name of Physician in attendance <u>Dr Williams</u>		Name of Physician in attendance <u>Dr Williams</u>		Name of Physician in attendance <u>Dr Gurland</u>	
Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>May 16/22</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>May 6/22</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>May 31/22</u>
County <u>Offord</u> Municipality <u>Sugarsae</u>		County <u>Offord</u> Municipality <u>Sugarsae</u>		County <u>Offord</u> Municipality <u>Sugarsae</u>	
Street and Number <u>Alexandra Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>James Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Kerry Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Lampkin</u>		Surname <u>McFarland</u>		Surname <u>Fagan</u>	
Given names in full <u>Annie Berendaline</u>		Given names in full <u>Mary Jane</u>		Given names in full <u>Cecil George</u>	
Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>	Was child born alive? <u>Yes</u>	Legitimate "Yes" or "No" <u>Yes</u>
Date of Birth <u>May 2nd 1922</u>		Date of Birth <u>May 20th 1922</u>		Date of Birth <u>May 4th 1922</u>	
Full name <u>Walker A Lampkin</u>		Full name <u>William McFarland</u>		Full name <u>George Henry Fagan</u>	
Usual residence <u>Sugarsae</u>	Age last birthday <u>36</u>	Usual residence <u>Sugarsae</u>	Age last birthday <u>34</u>	Usual residence <u>West Offord</u>	Age last birthday <u>30</u>
Racial origin <u>German</u>	Birth-place <u>Hamburg</u>	Racial origin <u>Irish</u>	Birth-place <u>Ireland</u>	Racial origin <u>English</u>	Birth-place <u>England</u>
Trade or Profession <u>Machinist</u>	Kind of industry or business in which employed <u>Screw Manufacturers</u>	Trade or Profession <u>Labourer</u>	Kind of industry or business in which employed <u>-</u>	Trade or Profession <u>Farmer</u>	Kind of industry or business in which employed <u>Farming</u>
Full maiden name <u>Ethel Maud Russel</u>		Full maiden name <u>Bella Helen Morrison</u>		Full maiden name <u>Annie Genera Fleming</u>	
Usual residence <u>Sugarsae</u>	Age last birthday <u>35</u>	Usual residence <u>Sugarsae</u>	Age last birthday <u>27</u>	Usual residence <u>West Offord</u>	Age last birthday <u>25</u>
Racial origin <u>English</u>	Birth-place <u>Sugarsae</u>	Racial origin <u>Scottish</u>	Birth-place <u>Scotland</u>	Racial origin <u>Canadian</u>	Birth-place <u>Ontario</u>
Number of children including this one living <u>6</u>	dead <u>0</u>	Number of children including this one living <u>1</u>	dead <u>0</u>	Number of children including this one living <u>1</u>	dead <u>1</u>
Still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Still-born <u>0</u>	Occupation, if other than household duties <u>-</u>
Name of Informant <u>Walker A Lampkin</u>		Name of Informant <u>William McFarland</u>		Name of Informant <u>George Fagan</u>	
Address <u>Sugarsae</u>		Address <u>Sugarsae</u>		Address <u>Sugarsae</u>	
Name of Physician in attendance <u>Dr Rogers</u>		Name of Physician in attendance <u>Dr Rogers</u>		Name of Physician in attendance <u>Dr Gurland</u>	
Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>May 4/22</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>May 2/22</u>	Did physician give notice of this birth? <u>Yes</u>	Date of receipt by D. R. <u>May 4/22</u>

I hereby certify that the above are correct registrations of Births filed with me during the month of June 1922

Registrar D. R.

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

libyd douglas butler, florence edith henderon, mada pansy power,  
joseph edward powell, alice cooper, george kenneth guy, george  
guy, elsie maud ford, bernadette tallant, john edward tallant, annie  
halter, patrick edward johnson, rosa martina minard

County of Alford

Division of Surgeons

No. 12		No. 1		No. 2	
County <u>Alford</u> Municipality <u>Surgeons</u>		County <u>Alford</u> Municipality <u>Surgeons</u>		County <u>Alford</u> Municipality <u>Surgeons</u>	
Street and Number <u>James Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Belleville Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Victoria Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Cattrell</u>		Surname <u>Beaver</u>		Surname <u>Selous</u>	
Given names in full <u>James Joseph</u>		Given names in full <u>Walter Percy</u>		Given names in full <u>Bernadette</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <input type="checkbox"/>	Was child born alive? <u>Yes</u>	Legitimate "Yes" <u>Yes</u> or "No" <u>No</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <input type="checkbox"/>
Date of Birth <u>June 2nd 1922</u>		Date of Birth <u>June 24th 1922</u>		Date of Birth <u>June 26th 1922</u>	
FATHER	Full name <u>James Lawrence Cattrell</u>	Full name <u>Joseph Edward Beaver</u>	Full name <u>John Edward Selous</u>	Full name <u>John Edward Selous</u>	Full name <u>John Edward Selous</u>
	Usual residence <u>Surgeons</u> Age last birthday <u>35</u>	Usual residence <u>Surgeons</u> Age last birthday <u>41</u>	Usual residence <u>Surgeons</u> Age last birthday <u>41</u>	Usual residence <u>Surgeons</u> Age last birthday <u>41</u>	Usual residence <u>Surgeons</u> Age last birthday <u>41</u>
	Racial origin <u>English</u> Birth-Place <u>England</u>	Racial origin <u>English</u> Birth-Place <u>England</u>	Racial origin <u>Irish</u> Birth-Place <u>Ireland</u>	Racial origin <u>Irish</u> Birth-Place <u>Ireland</u>	Racial origin <u>Irish</u> Birth-Place <u>Ireland</u>
MOTHER	Trade or Profession <u>Farmer</u>	Trade or Profession <u>Labourer</u>	Trade or Profession <u>Machinist</u>	Trade or Profession <u>Machinist</u>	Trade or Profession <u>Machinist</u>
	Kind of industry or business in which employed <u>Mail Carrier</u>	Kind of industry or business in which employed <u>-</u>	Kind of industry or business in which employed <u>-</u>	Kind of industry or business in which employed <u>News-Writer</u>	Kind of industry or business in which employed <u>News-Writer</u>
	Full maiden name <u>Edith Anne Courtney</u>	Full maiden name <u>Alice Cooper</u>	Full maiden name <u>Alice Cooper</u>	Full maiden name <u>Annie Halter</u>	Full maiden name <u>Annie Halter</u>
Usual residence <u>Surgeons</u> Age last birthday <u>37</u>	Usual residence <u>Surgeons</u> Age last birthday <u>40</u>	Usual residence <u>Surgeons</u> Age last birthday <u>40</u>	Usual residence <u>Surgeons</u> Age last birthday <u>30</u>	Usual residence <u>Surgeons</u> Age last birthday <u>30</u>	
Racial origin <u>English</u> Birth-Place <u>England</u>	Racial origin <u>English</u> Birth-Place <u>England</u>	Racial origin <u>English</u> Birth-Place <u>England</u>	Racial origin <u>Irish</u> Birth-Place <u>Ireland</u>	Racial origin <u>Irish</u> Birth-Place <u>Ireland</u>	
Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>	Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>	Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>	Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>	Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>None</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	
Name of Informant <u>James L. Cattrell</u>		Name of Informant <u>Walter H. Hedges</u>		Name of Informant <u>John Edward Selous</u>	
Address <u>Surgeons</u>		Address <u>Surgeons</u>		Address <u>Surgeons</u>	
Name of Physician in attendance <u>Dr. Carruthers</u>		Name of Physician in attendance <u>Dr. Carruthers</u>		Name of Physician in attendance <u>Dr. Williams</u>	
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 2/22</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 24/22</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 26/22</u>	
No. <u>3</u>		No. <u>4</u>		No. <u>5</u>	
County <u>Alford</u> Municipality <u>Surgeons</u>		County <u>Alford</u> Municipality <u>Surgeons</u>		County <u>Alford</u> Municipality <u>Surgeons</u>	
Street and Number <u>James Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Victoria Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Charles Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Butler</u>		Surname <u>Bry</u>		Surname <u>Johnson</u>	
Given names in full <u>Blayd Douglas</u>		Given names in full <u>George Henry Bry</u>		Given names in full <u>Edward Johnson</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <input type="checkbox"/>	Was child born alive? <u>Yes</u>	Legitimate "Yes" <u>Yes</u> or "No" <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <input type="checkbox"/>
Date of Birth <u>June 30th 1922</u>		Date of Birth <u>June 6th 1922</u>		Date of Birth <u>June 6th 1922</u>	
FATHER	Full name <u>Clarence Butler</u>	Full name <u>George Henry Bry</u>	Full name <u>Edward Johnson</u>	Full name <u>Edward Johnson</u>	Full name <u>Edward Johnson</u>
	Usual residence <u>Surgeons</u> Age last birthday <u>23</u>	Usual residence <u>Surgeons</u> Age last birthday <u>39</u>	Usual residence <u>Surgeons</u> Age last birthday <u>30</u>	Usual residence <u>Surgeons</u> Age last birthday <u>30</u>	Usual residence <u>Surgeons</u> Age last birthday <u>30</u>
	Racial origin <u>English</u> Birth-Place <u>Canada</u>	Racial origin <u>English</u> Birth-Place <u>England</u>	Racial origin <u>Canadian</u> Birth-Place <u>Canada</u>	Racial origin <u>Canadian</u> Birth-Place <u>Canada</u>	Racial origin <u>Canadian</u> Birth-Place <u>Canada</u>
MOTHER	Trade or Profession <u>Mechanic</u>	Trade or Profession <u>Blacksmith</u>	Trade or Profession <u>Labourer</u>	Trade or Profession <u>Labourer</u>	Trade or Profession <u>Labourer</u>
	Kind of industry or business in which employed <u>Brass Maker</u>	Kind of industry or business in which employed <u>Carriage Repairing</u>	Kind of industry or business in which employed <u>-</u>	Kind of industry or business in which employed <u>-</u>	Kind of industry or business in which employed <u>-</u>
	Full maiden name <u>Agnes Edith Henderson</u>	Full maiden name <u>Elsie Maud Ford</u>	Full maiden name <u>Elsie Maud Ford</u>	Full maiden name <u>Rosa Martina Minard</u>	Full maiden name <u>Rosa Martina Minard</u>
Usual residence <u>Surgeons</u> Age last birthday <u>21</u>	Usual residence <u>Surgeons</u> Age last birthday <u>35</u>	Usual residence <u>Surgeons</u> Age last birthday <u>35</u>	Usual residence <u>Surgeons</u> Age last birthday <u>20</u>	Usual residence <u>Surgeons</u> Age last birthday <u>20</u>	
Racial origin <u>English</u> Birth-Place <u>England</u>	Racial origin <u>English</u> Birth-Place <u>England</u>	Racial origin <u>English</u> Birth-Place <u>England</u>	Racial origin <u>Irish</u> Birth-Place <u>Ireland</u>	Racial origin <u>Irish</u> Birth-Place <u>Ireland</u>	
Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>	Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>	Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u>	Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u>	Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Clarence Butler</u>		Name of Informant <u>George Henry Bry</u>		Name of Informant <u>Edward Johnson</u>	
Address <u>Surgeons</u>		Address <u>Surgeons</u>		Address <u>Surgeons</u>	
Name of Physician in attendance <u>Dr. Macdonald</u>		Name of Physician in attendance <u>Dr. Carruthers</u>		Name of Physician in attendance <u>Dr. Carruthers</u>	
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 30/22</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 6/22</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>June 6/22</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of June & July 1922



# BIRTHS

mymer spittal, annie doolittle wright, grace eleanor easley, john easley, donald robert henderson, robert andrew henderson, phoebe luella allison, erma jones, william henry jones, agnes estticant, marian isabelle binding, samuel hale b. margaret elizabeth empey

County of Ozark

Division of Surgeon General

No. 10

County Ozark Municipality Waverly  
 Street and Number Alma Street  
or Con. and Lot (If in hospital, give name instead of street)

Surname Daniel

Given names in full Thomas King Daniel

Sex (M. or F.) M    Twin or Triplet No    Was child born alive? Yes    Legitimate "Yes" "No" Yes

Date of Birth June 1st 1922

FATHER: Full name Kenneth Ray Daniel    Usual residence W. Elgin Rd. 1    Age last birthday 29  
 Racial origin English    Birth-Place Ontario  
 Trade or Profession Farmer  
 Kind of industry or business in which employed Farming

MOTHER: Full maiden name Sama Leanne King    Usual residence W. Elgin Rd. 1    Age last birthday 30  
 Racial origin Scottish    Birth-Place Ontario  
 Number of children including this one: living 1    dead 0    Still-born 0  
 Occupation, if other than household duties -

No. 7

County Ozark Municipality Waverly  
 Street and Number Alma Street  
or Con. and Lot (If in hospital, give name instead of street)

Surname Easley

Given names in full Grace Eleanor

Sex (M. or F.) F    Twin or Triplet No    Was child born alive? Yes    Legitimate "Yes" "No" Yes

Date of Birth June 23rd 1922

FATHER: Full name John Easley    Usual residence Buttram    Age last birthday 26  
 Racial origin English    Birth-Place England  
 Trade or Profession laborer  
 Kind of industry or business in which employed Section Man

MOTHER: Full maiden name Wendy Frances Lee    Usual residence Buttram    Age last birthday 19  
 Racial origin Canadian    Birth-Place Ontario  
 Number of children including this one: living 1    dead 0    Still-born 0  
 Occupation, if other than household duties -

No. 8

County Ozark Municipality Waverly  
 Street and Number Wing Street  
or Con. and Lot (If in hospital, give name instead of street)

Surname Jones

Given names in full William Henry

Sex (M. or F.) M    Twin or Triplet No    Was child born alive? Yes    Legitimate "Yes" "No" Yes

Date of Birth June 14th 1922

FATHER: Full name William Henry Jones    Usual residence Waverly    Age last birthday 48  
 Racial origin English    Birth-Place England  
 Trade or Profession laborer  
 Kind of industry or business in which employed Railway

MOTHER: Full maiden name Agnes Estticant    Usual residence Waverly    Age last birthday 43  
 Racial origin English    Birth-Place England  
 Number of children including this one: living 5    dead 0    Still-born 0  
 Occupation, if other than household duties -

Name of Informant Kenneth Ray Daniel

Address W. Elgin Rd. 1

Name of Physician in attendance D. Cantel

Did physician give notice of this birth? Yes    Date of receipt by D. R. June 1/22

Name of Informant E. M. Clement

Address Waverly

Name of Physician in attendance D. McDonald

Did physician give notice of this birth? Yes    Date of receipt by D. R. June 23/22

Name of Informant W. H. Jones

Address Waverly

Name of Physician in attendance D. McDonald

Did physician give notice of this birth? Yes    Date of receipt by D. R. June 14/22

No. 9

County Ozark Municipality Waverly  
 Street and Number Alma Street  
or Con. and Lot (If in hospital, give name instead of street)

Surname Spittal

Given names in full Annie Dorothy

Sex (M. or F.) F    Twin or Triplet No    Was child born alive? Yes    Legitimate "Yes" "No" Yes

Date of Birth June 12th 1922

FATHER: Full name Thomas Rhymer Spittal    Usual residence Waverly    Age last birthday 30  
 Racial origin Scottish    Birth-Place Scotland  
 Trade or Profession laborer  
 Kind of industry or business in which employed Coaking plant

MOTHER: Full maiden name Annie Dorothy Wright    Usual residence Waverly    Age last birthday 26  
 Racial origin Canadian    Birth-Place Waverly  
 Number of children including this one: living 3    dead 0    Still-born 0  
 Occupation, if other than household duties -

No. 10

County Ozark Municipality Waverly  
 Street and Number Wing Street  
or Con. and Lot (If in hospital, give name instead of street)

Surname Henderson

Given names in full Robert Andrew

Sex (M. or F.) M    Twin or Triplet No    Was child born alive? Yes    Legitimate "Yes" "No" Yes

Date of Birth July 2nd 1922

FATHER: Full name Robert Andrew Henderson    Usual residence Waverly    Age last birthday 26  
 Racial origin Scottish    Birth-Place Waverly  
 Trade or Profession miner  
 Kind of industry or business in which employed -

MOTHER: Full maiden name Phoebe Luella Allison    Usual residence Waverly    Age last birthday 26  
 Racial origin English    Birth-Place Ontario  
 Number of children including this one: living 3    dead 0    Still-born 0  
 Occupation, if other than household duties -

No. 11

County Ozark Municipality Waverly  
 Street and Number Alma Street  
or Con. and Lot (If in hospital, give name instead of street)

Surname Binding

Given names in full Marian Isabelle

Sex (M. or F.) F    Twin or Triplet No    Was child born alive? Yes    Legitimate "Yes" "No" Yes

Date of Birth June 24th 1922

FATHER: Full name Samuel Hale Binding    Usual residence Dorchester    Age last birthday 30  
 Racial origin English    Birth-Place England  
 Trade or Profession farmer  
 Kind of industry or business in which employed -

MOTHER: Full maiden name Margaret Elizabeth Empey    Usual residence Dorchester    Age last birthday 30  
 Racial origin Scottish    Birth-Place Ontario  
 Number of children including this one: living 1    dead 0    Still-born 0  
 Occupation, if other than household duties -

Name of Informant Thomas R Spittal

Address Waverly

Name of Physician in attendance D. Cantel

Did physician give notice of this birth? Yes    Date of receipt by D. R. June 12/22

Name of Informant Robert Andrew Henderson

Address Waverly

Name of Physician in attendance D. Cantel

Did physician give notice of this birth? Yes    Date of receipt by D. R. July 2/22

Name of Informant Walter Henderson

Address Waverly

Name of Physician in attendance D. Cantel

Did physician give notice of this birth? Yes    Date of receipt by D. R. June 24/22

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1922.

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

ruth helen payne, russell gordon payne, thorne murray, john barnes, john barnes, ruth lillian welt, caroline moore, james franklin moore, jessie coles, lloyd vernon moore, frederick james walter moore, ethel permellia cornwell, kenneth hugh regan, bruce mason regan, eva mason welt.

County of Alford

Division of Dyersville

No. 4			No. 5			No. 6		
County <u>Alford</u> Municipality <u>Dyersville</u>			County <u>Alford</u> Municipality <u>Dyersville</u>			County <u>Alford</u> Municipality <u>Dyersville</u>		
Street and Number <u>Olma Street</u> <small>(If in hospital, give name instead of street)</small>			Street and Number <u>Olma Street</u> <small>(If in hospital, give name instead of street)</small>			Street and Number <u>Olma Street</u> <small>(If in hospital, give name instead of street)</small>		
Surname <u>Wright</u>			Surname <u>Barnes</u>			Surname <u>Moore</u>		
Given names in full <u>William Edward</u>			Given names in full <u>Ruth Lillian Marie</u>			Given names in full <u>Belvidere Vernon</u>		
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>
Date of Birth <u>Oct 5th 1922</u>			Date of Birth <u>Sept 25th 1922</u>			Date of Birth <u>Sept 23rd 1922</u>		
FATHER	Full name <u>William Edward Wright</u>		Full name <u>John N Barnes</u>		Full name <u>Belvidere Vernon Moore</u>		Age last birthday <u>24</u>	
	Usual residence <u>Dyersville</u>		Usual residence <u>Dyersville</u>		Usual residence <u>Dyersville</u>		Age last birthday <u>30</u>	
	Racial origin <u>English</u>	Birth-Place <u>England</u>	Racial origin <u>English</u>	Birth-Place <u>Ontario</u>	Racial origin <u>English</u>	Birth-Place <u>Dyersville</u>		
	Trade or Profession <u>Machinist</u>	Kind of industry or business in which employed <u>Marano Co.</u>	Trade or Profession <u>Barber</u>	Kind of industry or business in which employed <u>Milk Co.</u>	Trade or Profession <u>Machinist</u>	Kind of industry or business in which employed <u>Screw Works</u>		
MOTHER	Full maiden name <u>Thelma Pauline Newton</u>		Full maiden name <u>Ruth Lillian Welt</u>		Full maiden name <u>Ellis Bernellia Cornwell</u>		Age last birthday <u>22</u>	
	Usual residence <u>Dyersville</u>		Usual residence <u>Dyersville</u>		Usual residence <u>Dyersville</u>		Age last birthday <u>19</u>	
	Racial origin <u>Canadian</u>	Birth-Place <u>Canada</u>	Racial origin <u>English</u>	Birth-Place <u>United States</u>	Racial origin <u>English</u>	Birth-Place <u>Ontario</u>		
	Number of children including this one <u>living 1</u>	dead <u>0</u>	still-born <u>0</u>	Number of children including this one <u>living 1</u>	dead <u>0</u>	still-born <u>0</u>	Number of children including this one <u>living 1</u>	dead <u>0</u>
Name of Informant <u>W. E. Wright</u>			Name of Informant <u>J. N. Barnes</u>			Name of Informant <u>Mrs. J. A. Moore</u>		
Address <u>Dyersville</u>			Address <u>Dyersville</u>			Address <u>Dyersville</u>		
Name of Physician in attendance <u>Dr. Carmick</u>			Name of Physician in attendance <u>Dr. Carmick</u>			Name of Physician in attendance <u>Dr. Furley</u>		
Did physician give notice of this birth? <u>Yes</u>			Did physician give notice of this birth? <u>Yes</u>			Did physician give notice of this birth? <u>Yes</u>		
Date of receipt by D. R. <u>Oct 7/22</u>			Date of receipt by D. R. <u>Sept 25/22</u>			Date of receipt by D. R. <u>Sept 25/22</u>		
No. <u>7</u>			No. <u>9</u>			No. <u>9</u>		
County <u>Alford</u> Municipality <u>Dyersville</u>			County <u>Alford</u> Municipality <u>Dyersville</u>			County <u>Alford</u> Municipality <u>Dyersville</u>		
Street and Number <u>Albanya Westgate</u> <small>(If in hospital, give name instead of street)</small>			Street and Number <u>Albanya Westgate</u> <small>(If in hospital, give name instead of street)</small>			Street and Number <u>Albanya Westgate</u> <small>(If in hospital, give name instead of street)</small>		
Surname <u>Payne</u>			Surname <u>Moore</u>			Surname <u>Regan</u>		
Given names in full <u>Russell Gordon</u>			Given names in full <u>Caroline</u>			Given names in full <u>Bruce Mason</u>		
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>
Date of Birth <u>Oct 13th 1922</u>			Date of Birth <u>Oct 22nd 1922</u>			Date of Birth <u>Oct 20th 1922</u>		
FATHER	Full name <u>Russell Gordon Payne</u>		Full name <u>James Franklin Moore</u>		Full name <u>Bruce Mason Regan</u>		Age last birthday <u>22</u>	
	Usual residence <u>Dyersville</u>		Usual residence <u>Dyersville</u>		Usual residence <u>Dyersville</u>		Age last birthday <u>27</u>	
	Racial origin <u>English</u>	Birth-Place <u>Dyersville</u>	Racial origin <u>Canadian</u>	Birth-Place <u>Dyersville</u>	Racial origin <u>Irish</u>	Birth-Place <u>Ontario</u>		
	Trade or Profession <u>Machinist</u>	Kind of industry or business in which employed <u>Ice Works</u>	Trade or Profession <u>Alphabetic</u>	Kind of industry or business in which employed	Trade or Profession <u>Machinist</u>	Kind of industry or business in which employed <u>Garage</u>		
MOTHER	Full maiden name <u>Margaret Murray</u>		Full maiden name <u>Jessie Coles</u>		Full maiden name <u>Eva Marie Welt</u>		Age last birthday <u>19</u>	
	Usual residence <u>Dyersville</u>		Usual residence <u>Dyersville</u>		Usual residence <u>Dyersville</u>		Age last birthday <u>23</u>	
	Racial origin <u>English</u>	Birth-Place <u>Dyersville</u>	Racial origin <u>Canadian</u>	Birth-Place <u>Ontario</u>	Racial origin <u>Scottish</u>	Birth-Place <u>Ontario</u>		
	Number of children including this one <u>living 2</u>	dead <u>0</u>	still-born <u>0</u>	Number of children including this one <u>living 0</u>	dead <u>0</u>	still-born <u>1</u>	Number of children including this one <u>living 1</u>	dead <u>0</u>
Name of Informant <u>Ada L. Haldy</u>			Name of Informant <u>James F. Moore</u>			Name of Informant <u>Annie Welt</u>		
Address <u>Dyersville</u>			Address <u>Dyersville</u>			Address <u>Dyersville</u>		
Name of Physician in attendance <u>Dr. Carmick</u>			Name of Physician in attendance <u>Dr. Williams</u>			Name of Physician in attendance <u>Dr. Carmick</u>		
Did physician give notice of this birth? <u>Yes</u>			Did physician give notice of this birth? <u>Yes</u>			Did physician give notice of this birth? <u>Yes</u>		
Date of receipt by D. R. <u>Oct 14/22</u>			Date of receipt by D. R. <u>Oct 23/22</u>			Date of receipt by D. R. <u>Oct 20/22</u>		

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of October 1922



# BIRTHS

County of Alford Division of Ingersoll

No. 1		No. 2		No. 3	
County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number <u>Charles Street</u> or Con. and Lot <u>(If in hospital, give name of street)</u>		County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number <u>Victoria Street</u> or Con. and Lot <u>(If in hospital, give name of street)</u>		County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number <u>Victoria Street</u> or Con. and Lot <u>(If in hospital, give name of street)</u>	
Surname <u>Burns</u>		Surname <u>Johnson</u>		Surname <u>For</u>	
Given names in full <u>Betty Ellen</u>		Given names in full <u>George Johnson</u>		Given names in full <u>Ernest For</u>	
Sex (M. or F.) <u>M</u> <u>Yes</u> <u>No</u>		Sex (M. or F.) <u>M</u> <u>Yes</u> <u>No</u>		Sex (M. or F.) <u>M</u> <u>Yes</u> <u>No</u>	
Date of Birth <u>Aug 17th 1922</u>		Date of Birth <u>Sept 14th 1922</u>		Date of Birth <u>Sept 12th 1922</u>	
Full name <u>Arthur Roy Burns</u>		Full name <u>George Johnson</u>		Full name <u>Ernest For</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>British</u>		Racial origin <u>English</u>		Racial origin <u>English</u>	
Trade or Profession <u>Salesman</u>		Trade or Profession <u>Section Man</u>		Trade or Profession <u>Railway Employee</u>	
Kind of industry or business in which employed <u>Roofing</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>Fireman</u>	
Full maiden name <u>Marise Mary Bellman</u>		Full maiden name <u>May Taylor</u>		Full maiden name <u>May Elliott</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>British</u>		Racial origin <u>English</u>		Racial origin <u>English</u>	
Number of children including this one living <u>5</u> dead <u>0</u> still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>A. R. Burns</u>		Name of Informant <u>Geo. Lewis Johnson</u>		Name of Informant <u>Ernest For</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Cairns</u>		Name of Physician in attendance <u>Dr. Cairns</u>		Name of Physician in attendance <u>Dr. McDonald</u>	
Did physician give notice of this birth? <u>Yes</u>		Did physician give notice of this birth? <u>Yes</u>		Did physician give notice of this birth? <u>Yes</u>	
Date of receipt by D. R. <u>Aug 17/22</u>		Date of receipt by D. R. <u>Sept 14/22</u>		Date of receipt by D. R. <u>Sept 12/22</u>	
County <u>Alford</u> Municipality <u>Ingersoll</u>		County <u>Alford</u> Municipality <u>Ingersoll</u>		County <u>Alford</u> Municipality <u>Ingersoll</u>	
Street and Number <u>King Street</u>		Street and Number <u>Victoria Street</u>		Street and Number <u>Victoria Street</u>	
Surname <u>Esselstine</u>		Surname <u>Todd</u>		Surname <u>Comfoot</u>	
Given names in full <u>Marion Jean</u>		Given names in full <u>Alvin Earl</u>		Given names in full <u>William Robert</u>	
Sex (M. or F.) <u>F</u> <u>Yes</u> <u>No</u>		Sex (M. or F.) <u>M</u> <u>Yes</u> <u>No</u>		Sex (M. or F.) <u>M</u> <u>Yes</u> <u>No</u>	
Date of Birth <u>Sept 2nd 1922</u>		Date of Birth <u>Sept 10th 1922</u>		Date of Birth <u>Sept 11th 1922</u>	
Full name <u>R. H. Esselstine</u>		Full name <u>Lawrence Alvin Todd</u>		Full name <u>Archibald Francis Comfoot</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>Canadian</u>		Racial origin <u>English</u>		Racial origin <u>English</u>	
Trade or Profession <u>Labourer</u>		Trade or Profession <u>Building Bellman</u>		Trade or Profession <u>Electrician</u>	
Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>	
Full maiden name <u>Ruth Mackay</u>		Full maiden name <u>Alta Gladys Marlett</u>		Full maiden name <u>Lucia May Smith</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>Canadian</u>		Racial origin <u>English</u>		Racial origin <u>English</u>	
Number of children including this one living <u>5</u> dead <u>0</u> still-born <u>1</u>		Number of children including this one living <u>2</u> dead <u>0</u> still-born <u>0</u>		Number of children including this one living <u>3</u> dead <u>0</u> still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Ralph Williams</u>		Name of Informant <u>Lawrence Alvin Todd</u>		Name of Informant <u>A. J. Comfoot</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Cairns</u>		Name of Physician in attendance <u>Dr. Williams</u>	
Did physician give notice of this birth? <u>Yes</u>		Did physician give notice of this birth? <u>Yes</u>		Did physician give notice of this birth? <u>Yes</u>	
Date of receipt by D. R. <u>Sept 2/22</u>		Date of receipt by D. R. <u>Sept 10/22</u>		Date of receipt by D. R. <u>Sept 11/22</u>	

I hereby certify that the above are correct registrations of Births filed with me during the month of October 1922

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# BIRTHS

jean scott, guy scott, jessie preston, francis laurenceson, john laurenceson, lillian armstrong, edward coter hessenauer, garfield edward hessenauer, nora ellen cotter, albert james carey, robert carey, ruth emma grab, james cornell, harry rowan cornell, catherine maie miller

County of Alford

Division of Dejersa

No. 4

County Alford Municipality Dejersa  
 Street and Number Christine Street  
(If in hospital, give name instead of street)

Surname Davis

Given names in full Ray Charles

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth July 27th 1922

**FATHER**  
 Full name George Sawyer Age last birthday 39  
 Usual residence Dejersa  
 Racial origin English Birth-place England  
 Occupation Machinist  
 Kind of industry or business in which employed Shoe Making

**MOTHER**  
 Full maiden name Julia Elizabeth Wheeler Age last birthday 34  
 Usual residence Dejersa  
 Racial origin English Birth-place England  
 Number of children including this one living 2 dead 0 Still-born 1  
 Occupation, if other than household duties

Name of Informant Julia Elizabeth Davis  
 Address Dejersa  
 Name of Physician in attendance Dr. Conner  
 Did physician give notice of this birth? Yes Date of receipt by D. R. July 27/22

No. 5

County Alford Municipality Dejersa  
 Street and Number William Street  
(If in hospital, give name instead of street)

Surname Hessenauer

Given names in full Francis

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Aug 21st 1922

**FATHER**  
 Full name John Hessenauer Age last birthday 46  
 Usual residence Dejersa  
 Racial origin Scottish Birth-place Ontario  
 Occupation Machinist  
 Kind of industry or business in which employed Shoe Co

**MOTHER**  
 Full maiden name Lillian Armstrong Age last birthday 40  
 Usual residence Dejersa  
 Racial origin Irish Birth-place Waltham  
 Number of children including this one living 3 dead 2 Still-born 0  
 Occupation, if other than household duties

Name of Informant Miss A. B. Hodges  
 Address Dejersa  
 Name of Physician in attendance Dr. Conner  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 22/22

No. 6

County Alford Municipality Dejersa  
 Street and Number William Street  
(If in hospital, give name instead of street)

Surname Carey

Given names in full Albert James

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Aug 12th 1922

**FATHER**  
 Full name Robert Cecil Carey Age last birthday 47  
 Usual residence Dejersa  
 Racial origin Canadian Birth-place Ontario  
 Occupation Driver  
 Kind of industry or business in which employed Bakery

**MOTHER**  
 Full maiden name Ruth Emma Crab Age last birthday 19  
 Usual residence Dejersa  
 Racial origin Canadian Birth-place Dejersa  
 Number of children including this one living 1 dead 2 Still-born 0  
 Occupation, if other than household duties

Name of Informant Aida B. Hodges  
 Address Dejersa  
 Name of Physician in attendance Dr. Conner  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 12/22

No. 7

County Alford Municipality Dejersa  
 Street and Number James Street  
(If in hospital, give name instead of street)

Surname Scott

Given names in full Bertha Jean

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Aug 21st 1922

**FATHER**  
 Full name Guy Scott Age last birthday 35  
 Usual residence Dejersa  
 Racial origin Canadian Birth-place Ontario  
 Occupation Hotel

**MOTHER**  
 Full maiden name Jessie Preston Age last birthday 34  
 Usual residence Dejersa  
 Racial origin Irish Birth-place Waltham  
 Number of children including this one living 3 dead 1 Still-born 0  
 Occupation, if other than household duties

Name of Informant Guy Scott  
 Address Dejersa  
 Name of Physician in attendance Dr. Conner  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 21/22

No. 8

County Alford Municipality Dejersa  
 Street and Number William Street  
(If in hospital, give name instead of street)

Surname Hessenauer

Given names in full Edward Catter

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Aug 5th 1922

**FATHER**  
 Full name Harfield Edward Hessenauer Age last birthday 31  
 Usual residence Rodney Ont  
 Racial origin Dutch Birth-place Ontario  
 Occupation Bank Manager

**MOTHER**  
 Full maiden name Nora Ellen Catter Age last birthday 30  
 Usual residence Rodney, Ont  
 Racial origin English Birth-place Dejersa  
 Number of children including this one living 3 dead 0 Still-born 0  
 Occupation, if other than household duties

Name of Informant S. B. Hessenauer  
 Address Rodney, Ont  
 Name of Physician in attendance Dr. Macdonald  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 5/22

No. 9

County Alford Municipality Dejersa  
 Street and Number William Street  
(If in hospital, give name instead of street)

Surname Cornell

Given names in full James

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Aug 27th 1922

**FATHER**  
 Full name Harry Rowan Cornell Age last birthday 29  
 Usual residence Dejersa  
 Racial origin Canadian Birth-place Ontario  
 Occupation Labourer

**MOTHER**  
 Full maiden name Catherine Marie Miller Age last birthday 20  
 Usual residence Dejersa  
 Racial origin Canadian Birth-place Dejersa  
 Number of children including this one living 0 dead 0 Still-born 1  
 Occupation, if other than household duties

Name of Informant Harry R. Cornell  
 Address Dejersa  
 Name of Physician in attendance Dr. Williamson  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 27/22

I hereby certify that the above are correct registrations of Births filed with me during the month of August 1922

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W. B. Smith D. R.



# BIRTHS

County of Alford

Division of Engersace

No. 10

No. 11

No. 12

County Alford Municipality Engersace  
Street and Number 1111 Victoria Street  
or Con. and Lot (If in hospital, give name instead of street)

County Alford Municipality Engersace  
Street and Number 1111 Victoria Street  
or Con. and Lot (If in hospital, give name instead of street)

County Alford Municipality Engersace  
Street and Number 1111 Victoria Street  
or Con. and Lot (If in hospital, give name instead of street)

Surname Ansecombe  
Given names in full William Russell  
Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Surname Sutton  
Given names in full Lillian Marie  
Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Surname Sage  
Given names in full William Allan  
Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Aug 1st 1922

Date of Birth Aug 13th 1922

Date of Birth Aug 4th 1922

FATHER: Full name William Russell Ansecombe Age last birthday 28  
Usual residence Verschoyle

FATHER: Full name Thomas Knipe Sutton Age last birthday 37  
Usual residence Engersace

FATHER: Full name William Russell Sage Age last birthday 28  
Usual residence Engersace

MOTHER: Racial origin Canadian Birth-place Ontario  
Trade or Profession Farmer  
Kind of industry or business in which employed -

MOTHER: Racial origin English Birth-place Ontario  
Trade or Profession Housewife  
Kind of industry or business in which employed -

MOTHER: Racial origin English Birth-place Ontario  
Trade or Profession Implement Dealer  
Kind of industry or business in which employed -

MOTHER: Full maiden name Marie Mildred Cassidy Age last birthday 33  
Usual residence Verschoyle

MOTHER: Full maiden name Margaret Hannah Murro Age last birthday 30  
Usual residence Engersace

MOTHER: Full maiden name Velma Arne Hughes Age last birthday 27  
Usual residence Engersace

MOTHER: Racial origin Canadian Birth-place Verschoyle  
Number of children including this one living 1 dead - Still-born -  
Occupation, if other than household duties -

MOTHER: Racial origin English Birth-place England  
Number of children including this one living 1 dead - Still-born -  
Occupation, if other than household duties -

MOTHER: Racial origin English Birth-place Ontario  
Number of children including this one living 2 dead 0 Still-born 1  
Occupation, if other than household duties -

Name of Informant John Oswald Ansecombe

Name of Informant Mrs Wember

Name of Informant W Russell Sage

Address 1111 Victoria St  
Name of Physician in attendance Dr Rogers

Address Engersace  
Name of Physician in attendance Dr Durland

Address Engersace  
Name of Physician in attendance Dr Rogers

Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 3/22

Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 3/22

Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 4/22

County Alford Municipality Engersace  
Street and Number 1111 Victoria Street  
or Con. and Lot (If in hospital, give name instead of street)

County Alford Municipality Engersace  
Street and Number 1111 Victoria Street  
or Con. and Lot (If in hospital, give name instead of street)

County Alford Municipality Engersace  
Street and Number 1111 Victoria Street  
or Con. and Lot (If in hospital, give name instead of street)

Surname Sutton  
Given names in full Clara  
Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Surname Bartnett  
Given names in full William Ewart  
Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Surname Chute  
Given names in full Ralph Arthur  
Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Sept 4th 1922

Date of Birth Aug 27th 1922

Date of Birth Aug 11th 1922

FATHER: Full name Emerson Sutton Age last birthday 32  
Usual residence Engersace

FATHER: Full name Herbert Bartnett Age last birthday 40  
Usual residence Verschoyle

FATHER: Full name Alfred Chute Age last birthday 23  
Usual residence Engersace

MOTHER: Racial origin Canadian Birth-place Ontario  
Trade or Profession Machinist  
Kind of industry or business in which employed -

MOTHER: Racial origin Irish Birth-place Ontario  
Trade or Profession Florist  
Kind of industry or business in which employed Miscellaneous

MOTHER: Racial origin Canadian Birth-place Ontario  
Trade or Profession Truck Driver  
Kind of industry or business in which employed Oil Merchant

MOTHER: Full maiden name Amy Eleanor Cooper Age last birthday 30  
Usual residence Engersace

MOTHER: Full maiden name Edith Hunter Age last birthday 43  
Usual residence Verschoyle

MOTHER: Full maiden name Mabel Elizabeth Todd Age last birthday 23  
Usual residence Engersace

MOTHER: Racial origin English Birth-place England  
Number of children including this one living 1 dead 2 Still-born 1  
Occupation, if other than household duties -

MOTHER: Racial origin Scottish Birth-place Ontario  
Number of children including this one living 1 dead 0 Still-born 0  
Occupation, if other than household duties -

MOTHER: Racial origin Canadian Birth-place Engersace  
Number of children including this one living 2 dead 0 Still-born 0  
Occupation, if other than household duties -

Name of Informant Emerson Sutton

Name of Informant Miss A Hadger

Name of Informant Miss W. H. Todd

Address Engersace  
Name of Physician in attendance Dr Durland

Address Engersace  
Name of Physician in attendance Dr Macdonald

Address Engersace  
Name of Physician in attendance Dr Durland

Did physician give notice of this birth? Yes Date of receipt by D. R. Sept 4/22

Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 26/22

Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 11/22

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

County of Alford

Division of Superior

webster, arthur john maxwell webster, olive maud graydon, george winnifred wallace, james Rupert wallace, Marie burton, mary elizabeth oliver, vincent darrell oliver, agnes rae scoffin, doris helena thornthorn, george albert thornthorn, hattie rachel knapp, ruth helen lasenby, george stanley lasenby, ethel valentine o'dell

THIS SPACE TO BE RESERVED FOR BINDING

No. 15

County Alford Street and Number James Street or Con. and Lot (If in hospital, give name instead of street)

Surname Smith

Given names in full Ralph Morris

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth June 26th 1922

FATHER: Full name James Henry Smith Age last birthday 39 Usual residence Superior Racial origin Canadian Birth-place Canada Trade or Profession Seaman Kind of industry or business in which employed

MOTHER: Full maiden name Huey Cox Age last birthday 37 Usual residence Superior Racial origin English Birth-place England Number of children including this one living 4 dead 0 Still-born 0 Occupation, if other than household duties

Name of Informant J. H. Smith Address Superior Name of Physician in attendance D. Conlister Did physician give notice of this birth? Yes Date of receipt by D. R. June 26/22

County Alford Municipality Superior Street and Number or Con. and Lot James Street

Surname Smith

Given names in full Ralph Morris

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth July 11th 1922

FATHER: Full name Winnifred Wallace Age last birthday 26 Usual residence Superior Racial origin English Birth-place England Trade or Profession Machinist Kind of industry or business in which employed Steel Mill

MOTHER: Full maiden name Olive Maud Graydon Age last birthday 23 Usual residence Superior Racial origin English Birth-place England Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties

Name of Informant Mrs. C. Graydon Address Superior Name of Physician in attendance D. Conlister Did physician give notice of this birth? Yes Date of receipt by D. R. July 13/22

No. 16

County Alford Street and Number Winnifred Wallace or Con. and Lot (If in hospital, give name instead of street)

Surname Wallace

Given names in full Bertrude Winnifred

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth July 16th 1922

FATHER: Full name James Rupert Wallace Age last birthday 45 Usual residence Superior Racial origin English Birth-place England Trade or Profession Bank Lawyer Kind of industry or business in which employed

MOTHER: Full maiden name Annie Burlan Age last birthday 37 Usual residence Superior Racial origin English Birth-place England Number of children including this one living 6 dead 3 Still-born 0 Occupation, if other than household duties

Name of Informant Viola Stevenson Address Superior Name of Physician in attendance D. Macdonald Did physician give notice of this birth? Yes Date of receipt by D. R. July 17/22

County Alford Municipality Superior Street and Number or Con. and Lot Alford Street

Surname Wallace

Given names in full Mary Elizabeth

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth July 17th 1922

FATHER: Full name Vincent Daniel Alluyer Age last birthday 33 Usual residence Winnifred Wallace Racial origin English Birth-place Hamilton Trade or Profession Bank Manager Kind of industry or business in which employed Banking

MOTHER: Full maiden name James Rae Scoffin Age last birthday 24 Usual residence Winnifred Wallace Racial origin English Birth-place Superior Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties

Name of Informant Chas. B. Scoffin Address Superior Name of Physician in attendance D. Conlister Did physician give notice of this birth? Yes Date of receipt by D. R. July 17/22

No. 17

County Alford Street and Number Winnifred Wallace or Con. and Lot (If in hospital, give name instead of street)

Surname Shanley

Given names in full Doris Helena

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth July 2nd 1922

FATHER: Full name George Albert Shanley Age last birthday 42 Usual residence Superior Racial origin Canadian Birth-place Canada Trade or Profession Machinist Kind of industry or business in which employed

MOTHER: Full maiden name Hattie Rachel Knapp Age last birthday 37 Usual residence Superior Racial origin English Birth-place Canada Number of children including this one living 6 dead 1 Still-born 0 Occupation, if other than household duties

Name of Informant George A. Shanley Address Superior Name of Physician in attendance D. Burling Did physician give notice of this birth? Yes Date of receipt by D. R. July 7/22

County Alford Municipality Superior Street and Number or Con. and Lot Winnifred Wallace

Surname Shanley

Given names in full Ruth Keeler

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Aug 5th 1922

FATHER: Full name George Stanley Hasenby Age last birthday 24 Usual residence Superior Racial origin English Birth-place Ontario Trade or Profession Salesman Kind of industry or business in which employed Clothing

MOTHER: Full maiden name Ethel Valentine O'Dell Age last birthday 22 Usual residence Superior Racial origin English Birth-place Superior Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties

Name of Informant H. B. Hasenby Address Superior Name of Physician in attendance D. Rogers Did physician give notice of this birth? Yes Date of receipt by D. R. Aug 6/22

I hereby certify that the above are correct registrations of Births filed with me during the month of July, Aug 1922



# BIRTHS

LARRY REELEY, LAWRENCE REELEY, SARA L. MUMMA, MARY ANN MUMMA, MARY ANN GATTA, EDITH FRENCH, ALICE MAY ALDRIDGE, CHARLES PETER ALDRIDGE, EMILY MATTELA RICHENS, MARIAN ISABELL JOHN, ANDREW EDWIN JOHN, MARY EMIL ALMON, WILLIAM KIRK MCGINN, FRANCIS GLADSTONE MCGINN, OLIVE JANE PETERS

County of Jefferson

Division of Registers

No. 13

County Jefferson Municipality Jefferson  
 Street and Number Albion Street  
 or Cor. and Lot (If in hamlet, give name instead of street)

Surname Barnes

Given names in full Marian Louise

Sex (M. or F.) F  Was child born alive Yes  Legitimate Yes

Date of Birth June 30th 1922

Full name Marian Louise Barnes Age last birthday 22

Usual residence Jefferson

FATHER: Racial origin English Birth Canada

OCCUPATION: Trade or Profession Farmer

Kind of industry or business in which employed -

Full maiden name Anna Marie Altmeyer Age last birthday 24

MOTHER: Usual residence Jefferson

Racial origin English Birth Canada

Number of children including this one living 1 dead 0 Still-born 0

Occupation, if other than household duties -

No. 13

County Jefferson Municipality Jefferson  
 Street and Number Albion Street  
 or Cor. and Lot (If in hamlet, give name instead of street)

Surname Bittorf

Given names in full Marian Elisabeth

Sex (M. or F.) F  Was child born alive Yes  Legitimate Yes

Date of Birth July 2nd 1922

Full name James Bittorf Age last birthday 41

Usual residence Jefferson

FATHER: Racial origin English Birth England

OCCUPATION: Trade or Profession Mechanical

Kind of industry or business in which employed Marion Co

Full maiden name Edith French Age last birthday 35

MOTHER: Usual residence Jefferson

Racial origin English Birth England

Number of children including this one living 1 dead 0 Still-born 0

Occupation, if other than household duties -

No. 14

County Jefferson Municipality Jefferson  
 Street and Number Albion Street  
 or Cor. and Lot (If in hamlet, give name instead of street)

Surname Johns

Given names in full Marian Joseph

Sex (M. or F.) F  Was child born alive Yes  Legitimate Yes

Date of Birth June 15th 1922

Full name Andrew Allison Johns Age last birthday 24

Usual residence Jefferson

FATHER: Racial origin English Birth Maine

OCCUPATION: Trade or Profession Joseph Allison

Kind of industry or business in which employed Handwritten by

Full maiden name Mary Ethel Altmeyer Age last birthday 30

MOTHER: Usual residence Jefferson

Racial origin English Birth Canada

Number of children including this one living 2 dead 0 Still-born 0

Occupation, if other than household duties -

Name of Informant Wiel Stevenson

Address Jefferson

Name of Physician in attendance Dr. Cornish

Did physician give notice of this birth? Yes Date of receipt by D. R. June 30th

Name of Informant Wiel Stevenson

Address Jefferson

Name of Physician in attendance Dr. Cornish

Did physician give notice of this birth? Yes Date of receipt by D. R. July 4th

Name of Informant W. E. Johns

Address Jefferson

Name of Physician in attendance Dr. Cornish

Did physician give notice of this birth? Yes Date of receipt by D. R. June 15th

No. 15

County Jefferson Municipality Jefferson  
 Street and Number Albion Street  
 or Cor. and Lot (If in hamlet, give name instead of street)

Surname Reeley

Given names in full Jessie Myrtle

Sex (M. or F.) F  Was child born alive Yes  Legitimate Yes

Date of Birth July 11th 1922

Full name Lawrence W. Reeley Age last birthday 44

Usual residence Jefferson

FATHER: Racial origin Irish Birth Canada

OCCUPATION: Trade or Profession Farmer

Kind of industry or business in which employed -

Full maiden name Sarahella Myrtle Age last birthday 39

MOTHER: Usual residence Jefferson

Racial origin Scotch Birth Jefferson

Number of children including this one living 2 dead 0 Still-born 2

Occupation, if other than household duties -

Name of Informant L. W. Reeley

Address Jefferson

Name of Physician in attendance Dr. Cornish

Did physician give notice of this birth? Yes Date of receipt by D. R. July 2nd

No. 16

County Jefferson Municipality Jefferson  
 Street and Number Albion Street  
 or Cor. and Lot (If in hamlet, give name instead of street)

Surname Aldridge

Given names in full Alice May

Sex (M. or F.) F  Was child born alive Yes  Legitimate Yes

Date of Birth July 2nd 1922

Full name Charles Peter Aldridge Age last birthday 36

Usual residence Jefferson

FATHER: Racial origin English Birth England

OCCUPATION: Trade or Profession Farmer

Kind of industry or business in which employed -

Full maiden name Emily Mattela Richens Age last birthday 39

MOTHER: Usual residence Jefferson

Racial origin English Birth England

Number of children including this one living 1 dead 2 Still-born 0

Occupation, if other than household duties -

Name of Informant Wiel Stevenson

Address Jefferson

Name of Physician in attendance Dr. Cornish

Did physician give notice of this birth? Yes Date of receipt by D. R. July 2nd

No. 17

County Jefferson Municipality Jefferson  
 Street and Number Albion Street  
 or Cor. and Lot (If in hamlet, give name instead of street)

Surname Melvin

Given names in full Francis Gladstone

Sex (M. or F.) M  Was child born alive Yes  Legitimate Yes

Date of Birth July 1st 1922

Full name Francis Gladstone Melvin Age last birthday 26

Usual residence Hamilton

FATHER: Racial origin Irish Birth Newland

OCCUPATION: Trade or Profession Civil Engineer

Kind of industry or business in which employed -

Full maiden name Christina Peter Age last birthday 29

MOTHER: Usual residence Hamilton

Racial origin English Birth England

Number of children including this one living 2 dead 0 Still-born 0

Occupation, if other than household duties -

Name of Informant Clive G. Melvin

Address Hamilton, Ont.

Name of Physician in attendance Dr. Furber

Did physician give notice of this birth? Yes Date of receipt by D. R. July 2nd

I hereby certify that the above is a true and correct copy of the records of Births filed with me during the month of July 1922

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

wood, ruth harris murray, james garfield murray; mabel gertrude mcdonald wesley mills, harry mills, frances helen macdonald, isabella claudie mamiie smith, charles elmore smith, mabel clarinda gallinger, mary gale smith, james clinton smith, mary pickard, ruth elizabeth maxwell, robert alexander maxwell, maud may hoffman

County of Alford

Division of Superior

No. 6

County Alford Municipality Superior  
 Street and Number Kim Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Barrow

Given names in full Douglas Robert

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Nov 9th 1922

FATHER: Full name Richard Alexander Barrow Usual residence Superior Age last birthday 30 Racial origin English Birth-place Superior Trade or Profession Beam Maker Kind of industry or business in which employed -

MOTHER: Full maiden name Samuelia Elizabeth Wood Usual residence Superior Age last birthday 20 Racial origin English Birth-place Michigan Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

No. 7

County Alford Municipality Superior  
 Street and Number Kim Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Mills

Given names in full Donald Wesley

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Oct 20th 1922

FATHER: Full name Harry Mills Usual residence Superior Age last birthday 29 Racial origin English Birth-place Ontario Trade or Profession Barber Kind of industry or business in which employed -

MOTHER: Full maiden name Frances Helen Macdonald Usual residence Superior Age last birthday 26 Racial origin English Birth-place Montreal Number of children including this one living 4 dead 0 Still-born 0 Occupation, if other than household duties -

No. 8

County Alford Municipality Superior  
 Street and Number Kim Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Smith

Given names in full Mary Gladys

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Oct 25th 1922

FATHER: Full name James Clinton Smith Usual residence Superior Age last birthday 30 Racial origin English Birth-place Superior Trade or Profession Mechanic Kind of industry or business in which employed -

MOTHER: Full maiden name Mary Dickson Usual residence Superior Age last birthday 29 Racial origin Canadian Birth-place Superior Number of children including this one living 5 dead 1 Still-born 0 Occupation, if other than household duties -

Name of Informant Richard Alexander Barrow

Address Superior

Name of Physician in attendance Dr. Cornish

Did physician give notice of this birth? Yes Date of receipt by D. R. Nov 9/22

No. 9

County Alford Municipality Superior  
 Street and Number Kim Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Name of Informant Jessie Morris

Address Superior

Name of Physician in attendance Dr. Cornish

Did physician give notice of this birth? Yes Date of receipt by D. R. Oct 20/22

No. 1

County Alford Municipality Superior  
 Street and Number Kim Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Name of Informant Mary E. Smith

Address Superior

Name of Physician in attendance Dr. Cornish

Did physician give notice of this birth? Yes Date of receipt by D. R. Oct 26/22

No. 2

County Alford Municipality Superior  
 Street and Number Kim Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Murray

Given names in full Ruth Harris

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Oct 30th 1922

FATHER: Full name James Garfield Murray Usual residence Superior Age last birthday 40 Racial origin Scottish Birth-place Ontario Trade or Profession Electrician Kind of industry or business in which employed Superior

MOTHER: Full maiden name Mabel Gertrude Harris Usual residence Superior Age last birthday 31 Racial origin Irish Birth-place Ontario Number of children including this one living 5 dead 0 Still-born 0 Occupation, if other than household duties -

Surname Smith

Given names in full Isabella Mae

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Nov 6th 1922

FATHER: Full name Charles Elmer Smith Usual residence Superior Age last birthday 32 Racial origin English Birth-place Ontario Trade or Profession Machine hand Kind of industry or business in which employed in shop

MOTHER: Full maiden name Mabel Clarinda Gallinger Usual residence Superior Age last birthday 25 Racial origin Scottish Birth-place - Number of children including this one living 3 dead 0 Still-born 0 Occupation, if other than household duties -

Surname Maxwell

Given names in full Ruth Elizabeth

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Legitimate "Yes" or "No" Yes

Date of Birth Nov 24th 1922

FATHER: Full name Robert Alexander Maxwell Usual residence Superior Age last birthday 26 Racial origin Irish Birth-place Ireland Trade or Profession Mechanic Kind of industry or business in which employed -

MOTHER: Full maiden name Maud May Hoffman Usual residence Superior Age last birthday 22 Racial origin German Birth-place Ontario Number of children including this one living 3 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Mrs. J. S. Murray

Address Superior

Name of Physician in attendance Dr. Cornish

Did physician give notice of this birth? Yes Date of receipt by D. R. Oct 30/22

Name of Informant Charles E. Smith

Address Superior

Name of Physician in attendance Dr. Cornish

Did physician give notice of this birth? Yes Date of receipt by D. R. Nov 7/22

Name of Informant Ada E. Hedges

Address Superior

Name of Physician in attendance Dr. Cornish

Did physician give notice of this birth? Yes Date of receipt by D. R. Nov 24/22

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of Nov 1922

1922 Superior D. R.



William Ross Lodge, William Muterer, Elsie Irene Chesterton, Chesterman, Cora Irene Anderson, John Blair Watson, Smith Blair Watson, Catharine Cameron Ross, John Redmond Sage, George Washington Sage, Mary Selma Roligan, Religion, Margaret Alberta McIntyre, Norman McIntyre, Minnie Alberta Symon

# BIRTHS

County of Alford Division of Sugarsville

No. 1		No. 1		No. 2	
County <u>Alford</u> Municipality <u>Sugarsville</u>		County <u>Alford</u> Municipality <u>Sugarsville</u>		County <u>Alford</u> Municipality <u>Sugarsville</u>	
Street and Number <u>W. Main Street</u> or Con. and Lot <u>(U in hospital, give name instead of street)</u>		Street and Number <u>W. Main Street</u> or Con. and Lot <u>(U in hospital, give name instead of street)</u>		Street and Number <u>W. Main Street</u> or Con. and Lot <u>(U in hospital, give name instead of street)</u>	
Surname <u>McKeel</u>		Surname <u>Chesterman</u>		Surname <u>Sage</u>	
Given names in full <u>Robert James</u>		Given names in full <u>Charles Eugene</u>		Given names in full <u>John Redmond</u>	
Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	
Date of Birth <u>Oct 19th 1922</u>		Date of Birth <u>Oct 4th 1922</u>		Date of Birth <u>Oct 7th 1922</u>	
FATHER: Full name <u>David McKeel</u> Age last birthday <u>30</u>		FATHER: Full name <u>Charles Eugene Chesterman</u> Age last birthday <u>32</u>		FATHER: Full name <u>Henry Washington Sage</u> Age last birthday <u>42</u>	
Usual residence <u>Sugarsville</u>		Usual residence <u>Sugarsville</u>		Usual residence <u>Sugarsville</u>	
Racial origin <u>Scottish</u> Birth <u>Ontario</u>		Racial origin <u>English</u> Birth <u>Ontario</u>		Racial origin <u>Irish</u> Birth <u>Ontario</u>	
MOTHER: Trade or Profession <u>Cabinet Maker</u>		MOTHER: Trade or Profession <u>laborer</u>		MOTHER: Trade or Profession <u>Milk Business</u>	
Kind of industry or business in which employed <u>Walter Deane</u>		Kind of industry or business in which employed <u>Stone Quarry</u>		Kind of industry or business in which employed <u>Barber</u>	
Full maiden name <u>Mabel Gertrude McKeel</u> Age last birthday <u>21</u>		Full maiden name <u>Madame Anderson</u> Age last birthday <u>26</u>		Full maiden name <u>Mary Selma Roligan</u> Age last birthday <u>30</u>	
Usual residence <u>Sugarsville</u>		Usual residence <u>Sugarsville</u>		Usual residence <u>Sugarsville</u>	
Racial origin <u>English</u> Birth <u>Ontario</u>		Racial origin <u>English</u> Birth <u>Sugarsville</u>		Racial origin <u>Irish</u> Birth <u>Ontario</u>	
Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Mrs Mabel McKeel</u>		Name of Informant <u>Charles J Chesterman</u>		Name of Informant <u>Henry W Sage</u>	
Address <u>Sugarsville</u>		Address <u>Sugarsville</u>		Address <u>Sugarsville</u>	
Name of Physician in attendance <u>Dr Williams</u>		Name of Physician in attendance <u>Dr Rogers</u>		Name of Physician in attendance <u>Dr Rogers</u>	
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Oct 20/22</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Oct 4/22</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Oct 9/22</u>	
No. <u>3</u>		No. <u>4</u>		No. <u>5</u>	
County <u>Alford</u> Municipality <u>Sugarsville</u>		County <u>Alford</u> Municipality <u>Sugarsville</u>		County <u>Alford</u> Municipality <u>Sugarsville</u>	
Street and Number <u>Charles Street</u> or Con. and Lot <u>(U in hospital, give name instead of street)</u>		Street and Number <u>W. Main Street</u> or Con. and Lot <u>(U in hospital, give name instead of street)</u>		Street and Number <u>Albionia Street</u> or Con. and Lot <u>(U in hospital, give name instead of street)</u>	
Surname <u>Rodger</u>		Surname <u>Waltson</u>		Surname <u>McIntyre</u>	
Given names in full <u>Maynard Goodwin</u>		Given names in full <u>John Blair</u>		Given names in full <u>Maynard Alberta</u>	
Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>		Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u> Legitimate "Yes" or "No" <u>Yes</u>	
Date of Birth <u>Oct 14th 1922</u>		Date of Birth <u>Oct 17th 1922</u>		Date of Birth <u>Nov 2nd 1922</u>	
FATHER: Full name <u>William Ross Rodger</u> Age last birthday <u>37</u>		FATHER: Full name <u>Smith Blair Waltson</u> Age last birthday <u>42</u>		FATHER: Full name <u>Norman McIntyre</u> Age last birthday <u>51</u>	
Usual residence <u>Sugarsville</u>		Usual residence <u>Sugarsville</u>		Usual residence <u>Sugarsville</u>	
Racial origin <u>Scottish</u> Birth <u>Ontario</u>		Racial origin <u>Canadian</u> Birth <u>Ontario</u>		Racial origin <u>Scottish</u> Birth <u>Ontario</u>	
MOTHER: Trade or Profession <u>Banker</u>		MOTHER: Trade or Profession <u>laborer</u>		MOTHER: Trade or Profession <u>Prison Maker</u>	
Kind of industry or business in which employed <u>Banking</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>	
Full maiden name <u>Julia Muterer</u> Age last birthday <u>24</u>		Full maiden name <u>Charlene Ann Ross</u> Age last birthday <u>37</u>		Full maiden name <u>Minnie Alberta Symon</u> Age last birthday <u>41</u>	
Usual residence <u>Sugarsville</u>		Usual residence <u>Sugarsville</u>		Usual residence <u>Sugarsville</u>	
Racial origin <u>Scottish</u> Birth <u>Ontario</u>		Racial origin <u>Canadian</u> Birth <u>Ontario</u>		Racial origin <u>English</u> Birth <u>Ontario</u>	
Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>4</u> dead <u>3</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>W R Rodger</u>		Name of Informant <u>Robert B Patterson</u>		Name of Informant <u>Ada L Rodger</u>	
Address <u>Sugarsville</u>		Address <u>Sugarsville</u>		Address <u>Sugarsville</u>	
Name of Physician in attendance <u>Dr Campbell</u>		Name of Physician in attendance <u>Dr Furey</u>		Name of Physician in attendance <u>Dr Furey</u>	
Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Oct 15/22</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>Oct 17/22</u>		Did physician give notice of this birth? <u>Yes</u> Date of receipt by D. R. <u>-</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of Oct 21st 1922



# BIRTHS

County of Jefferson

Division of Surgeon

County No. 3		County No. 4		County No. 5							
Municipality		Municipality		Municipality							
Street and Number or Con. and Lot		Street and Number or Con. and Lot		Street and Number or Con. and Lot							
Surname		Surname		Surname							
Given names in full		Given names in full		Given names in full							
Sex (M. or F.)	Term or Triplet	Was child born alive?	Are the parents married?	Sex (M. or F.)	Term or Triplet	Was child born alive?	Are the parents married?	Sex (M. or F.)	Term or Triplet	Was child born alive?	Are the parents married?
Date of Birth		Date of Birth		Date of Birth							
Full name		Full name		Full name							
Usual residence		Usual residence		Usual residence							
Racial origin		Racial origin		Racial origin							
Trade or Profession		Trade or Profession		Trade or Profession							
Kind of industry or business in which employed		Kind of industry or business in which employed		Kind of industry or business in which employed							
Full maiden name		Full maiden name		Full maiden name							
Usual residence		Usual residence		Usual residence							
Racial origin		Racial origin		Racial origin							
Number of children including this one		Number of children including this one		Number of children including this one							
Occupation, if other than household duties		Occupation, if other than household duties		Occupation, if other than household duties							
Name of Informant		Name of Informant		Name of Informant							
Address		Address		Address							
Name of Physician in attendance		Name of Physician in attendance		Name of Physician in attendance							
Date of receipt of Physician's notice		Date of receipt of Physician's notice		Date of receipt of Physician's notice							
Date of receipt of parent's registration		Date of receipt of parent's registration		Date of receipt of parent's registration							
No. 3		No. 4		No. 5							
Municipality		Municipality		Municipality							
Street and Number or Con. and Lot		Street and Number or Con. and Lot		Street and Number or Con. and Lot							
Surname <u>Wright</u>		Surname <u>Robinson</u>		Surname <u>Robinson</u>							
Given names in full <u>Margaret Irene</u>		Given names in full <u>Marian Elizabeth</u>		Given names in full <u>Betty Eileen</u>							
Sex (M. or F.) <u>F</u>	Term or Triplet	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Term or Triplet	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Term or Triplet	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>Nov 20th 1922</u>		Date of Birth <u>Dec 1st 1922</u>		Date of Birth <u>Dec 5th 1922</u>							
Full name <u>Henry George Wright</u>		Full name		Full name <u>Herbert Peter Robinson</u>							
Usual residence <u>West Jefferson</u>		Usual residence		Usual residence <u>Jefferson</u>							
Racial origin <u>English</u>		Racial origin		Racial origin <u>English</u>							
Trade or Profession <u>Farmer</u>		Trade or Profession		Trade or Profession							
Kind of industry or business in which employed <u>Farming</u>		Kind of industry or business in which employed		Kind of industry or business in which employed <u>Lime Company</u>							
Full maiden name <u>Janie Ann McShane</u>		Full maiden name <u>Oliver Hazel Robinson</u>		Full maiden name <u>Irene White</u>							
Usual residence <u>West Jefferson</u>		Usual residence <u>Jefferson</u>		Usual residence <u>Jefferson</u>							
Racial origin <u>English</u>		Racial origin <u>English</u>		Racial origin <u>English</u>							
Number of children including this one living <u>4</u> dead <u>0</u> still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u>							
Occupation, if other than household duties		Occupation, if other than household duties <u>Household duties</u>		Occupation, if other than household duties							
Name of Informant <u>Ada L. Hedges</u>		Name of Informant <u>Olive S. Robinson</u>		Name of Informant <u>Ada L. Hedges</u>							
Address <u>Jefferson</u>		Address <u>Jefferson</u>		Address <u>Jefferson</u>							
Name of Physician in attendance <u>Dr. Larnish</u>		Name of Physician in attendance <u>Dr. Gurling</u>		Name of Physician in attendance <u>Dr. Gurling</u>							
Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>							
Date of receipt of parent's registration <u>Nov 24/22</u>		Date of receipt of parent's registration <u>Dec 1/22</u>		Date of receipt of parent's registration <u>Dec 6/22</u>							
No. 6		No. 7		No. 8							
Municipality		Municipality		Municipality							
Street and Number or Con. and Lot		Street and Number or Con. and Lot		Street and Number or Con. and Lot							
Surname <u>McSill</u>		Surname <u>McKay</u>		Surname <u>Bartlett</u>							
Given names in full <u>William Mackenzie</u>		Given names in full <u>William Leo McKay</u>		Given names in full <u>George Bartlett</u>							
Sex (M. or F.) <u>M</u>	Term or Triplet	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Term or Triplet	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Term or Triplet	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>Nov 25th 1922</u>		Date of Birth <u>Dec 4th 1922</u>		Date of Birth <u>Dec 16th 1922</u>							
Full name <u>David Hooper McSill</u>		Full name <u>William Leo McKay</u>		Full name <u>George Bartlett</u>							
Usual residence <u>Jefferson</u>		Usual residence <u>Jefferson</u>		Usual residence <u>Jefferson</u>							
Racial origin <u>Irish</u>		Racial origin <u>Scottish</u>		Racial origin <u>English</u>							
Trade or Profession <u>Teacher</u>		Trade or Profession <u>Farmer</u>		Trade or Profession <u>Merchant</u>							
Kind of industry or business in which employed		Kind of industry or business in which employed <u>Farming</u>		Kind of industry or business in which employed <u>Manufacturing</u>							
Full maiden name <u>Margaret Mackenzie</u>		Full maiden name <u>Josephine Smith</u>		Full maiden name <u>Mary Edna Banbury</u>							
Usual residence <u>Jefferson</u>		Usual residence <u>Jefferson</u>		Usual residence <u>Jefferson</u>							
Racial origin <u>Scottish</u>		Racial origin <u>Scottish</u>		Racial origin <u>English</u>							
Number of children including this one living <u>4</u> dead <u>0</u> still-born <u>0</u>		Number of children including this one living <u>2</u> dead <u>0</u> still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u>							
Occupation, if other than household duties <u>Dr. H. McSill</u>		Occupation, if other than household duties		Occupation, if other than household duties							
Name of Informant <u>Jefferson</u>		Name of Informant <u>Ada L. Hedges</u>		Name of Informant <u>Ada Bartlett</u>							
Address <u>Jefferson</u>		Address <u>Jefferson</u>		Address <u>Jefferson</u>							
Name of Physician in attendance <u>Dr. Rogers</u>		Name of Physician in attendance <u>Dr. Gurling</u>		Name of Physician in attendance <u>Dr. Williams</u>							
Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>							
Date of receipt of parent's registration <u>Nov 23/22</u>		Date of receipt of parent's registration <u>Dec 4/22</u>		Date of receipt of parent's registration <u>Dec 16/22</u>							

THIS SPACE TO BE RESERVED FOR BINDING

W. A. Smith D.D.



# BIRTHS

County of Alford Division of Singeress

No. <u>9</u> County <u>Alford</u> Municipality <u>Singeress</u> Street and Number or Con. and Lot <u>1414 North St. Singeress</u> (If in hospital, give name instead of street)		No. <u>10</u> County <u>Alford</u> Municipality <u>Singeress</u> Street and Number or Con. and Lot <u>1414 North St. Singeress</u> (If in hospital, give name instead of street)		No. <u>11</u> County <u>Alford</u> Municipality <u>Singeress</u> Street and Number or Con. and Lot <u>1414 North St. Singeress</u> (If in hospital, give name instead of street)	
Surname <u>Bush</u>		Surname <u>Campbell</u>		Surname <u>Metcalfe</u>	
Given names in full <u>Mary Patricia</u>		Given names in full <u>James Edward</u>		Given names in full <u>Shirwood Morris</u>	
Sex (M. or F.) <u>F</u>	Twin or Triplet	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet
Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>Dec. 4th 1922</u>		Date of Birth <u>Dec 17th 1922</u>		Date of Birth <u>Dec 13th 1922</u>	
Full name <u>William Harvey Bush</u>		Full name <u>James Edward Campbell</u>		Full name <u>Shirwood Morris Metcalfe</u>	
Usual residence <u>Singeress</u>	Age last birthday <u>26</u>	Usual residence <u>Singeress</u>	Age last birthday <u>30</u>	Usual residence <u>Crampston</u>	Age last birthday <u>29</u>
Racial origin <u>English</u>	Birth-place <u>Ontario</u>	Racial origin <u>Canadian</u>	Birth-place <u>Alford</u>	Racial origin <u>English</u>	Birth-place <u>Singeress</u>
Trade or Profession <u>Labourer</u>	Occupation <u>Labourer</u>	Trade or Profession <u>Farmer</u>	Occupation <u>Farming</u>	Trade or Profession <u>Seaman</u>	Occupation <u>Seaman</u>
Kind of industry or business in which employed <u>None</u>	Kind of industry or business in which employed <u>None</u>	Kind of industry or business in which employed <u>Farming</u>	Kind of industry or business in which employed <u>None</u>	Kind of industry or business in which employed <u>None</u>	Kind of industry or business in which employed <u>None</u>
Full maiden name <u>Beatrice L. Bryan</u>	Age last birthday <u>23</u>	Full maiden name <u>Elizabeth Isabel Bruce</u>	Age last birthday <u>29</u>	Full maiden name <u>Beacie Morris</u>	Age last birthday <u>24</u>
Usual residence <u>Singeress</u>	Age last birthday <u>23</u>	Usual residence <u>Singeress</u>	Age last birthday <u>29</u>	Usual residence <u>Crampston</u>	Age last birthday <u>24</u>
Racial origin <u>English</u>	Birth-place <u>Alford</u>	Racial origin <u>Scottish</u>	Birth-place <u>Scotland</u>	Racial origin <u>Irish</u>	Birth-place <u>Ontario</u>
Number of children including this one living <u>1</u>	Number of children including this one living <u>1</u>	Number of children including this one living <u>3</u>	Number of children including this one living <u>1</u>	Number of children including this one living <u>2</u>	Number of children including this one living <u>0</u>
Occupation, if other than household duties <u>None</u>	Occupation, if other than household duties <u>None</u>	Occupation, if other than household duties <u>None</u>	Occupation, if other than household duties <u>None</u>	Occupation, if other than household duties <u>None</u>	Occupation, if other than household duties <u>None</u>

Name of informant <u>Ada L. Hedges</u>	Name of informant <u>Edw. Hedges</u>	Name of informant <u>Ada L. Hedges</u>
Address <u>Singeress</u>	Address <u>Singeress</u>	Address <u>Singeress</u>
Name of Physician in attendance <u>Dr. Conner</u>	Name of Physician in attendance <u>Dr. Conner</u>	Name of Physician in attendance <u>Dr. Hetherington</u>
Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of Physician's notice <u>Yes</u>
Date of receipt of parent's registration <u>Dec 9/22</u>	Date of receipt of parent's registration <u>Dec 14/22</u>	Date of receipt of parent's registration <u>Dec 12/22</u>

No. <u>12</u> County <u>Alford</u> Municipality <u>Singeress</u> Street and Number or Con. and Lot <u>1414 North St. Singeress</u> (If in hospital, give name instead of street)		No. <u>13</u> County <u>Alford</u> Municipality <u>Singeress</u> Street and Number or Con. and Lot <u>1414 North St. Singeress</u> (If in hospital, give name instead of street)		No. <u>14</u> County <u>Alford</u> Municipality <u>Singeress</u> Street and Number or Con. and Lot <u>1414 North St. Singeress</u> (If in hospital, give name instead of street)	
Surname <u>Maurice</u>		Surname <u>Maurice</u>		Surname <u>Maurice</u>	
Given names in full <u>John Maurice</u>		Given names in full <u>John Maurice</u>		Given names in full <u>John Maurice</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet
Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>Oct 15th 1922</u>		Date of Birth <u>Oct 15th 1922</u>		Date of Birth <u>Oct 15th 1922</u>	
Full name <u>John Maurice</u>		Full name <u>John Maurice</u>		Full name <u>John Maurice</u>	
Usual residence <u>Singeress</u>	Age last birthday <u>46</u>	Usual residence <u>Singeress</u>	Age last birthday <u>46</u>	Usual residence <u>Singeress</u>	Age last birthday <u>46</u>
Racial origin <u>Rumanian</u>	Birth-place <u>Rumania</u>	Racial origin <u>Rumanian</u>	Birth-place <u>Rumania</u>	Racial origin <u>Rumanian</u>	Birth-place <u>Rumania</u>
Trade or Profession <u>Butcher</u>	Occupation <u>Butcher</u>	Trade or Profession <u>Butcher</u>	Occupation <u>Butcher</u>	Trade or Profession <u>Butcher</u>	Occupation <u>Butcher</u>
Kind of industry or business in which employed <u>None</u>	Kind of industry or business in which employed <u>None</u>	Kind of industry or business in which employed <u>None</u>	Kind of industry or business in which employed <u>None</u>	Kind of industry or business in which employed <u>None</u>	Kind of industry or business in which employed <u>None</u>
Full maiden name <u>Rose Lambert</u>	Age last birthday <u>46</u>	Full maiden name <u>Rose Lambert</u>	Age last birthday <u>46</u>	Full maiden name <u>Rose Lambert</u>	Age last birthday <u>46</u>
Usual residence <u>Singeress</u>	Age last birthday <u>46</u>	Usual residence <u>Singeress</u>	Age last birthday <u>46</u>	Usual residence <u>Singeress</u>	Age last birthday <u>46</u>
Racial origin <u>Rumanian</u>	Birth-place <u>Rumania</u>	Racial origin <u>Rumanian</u>	Birth-place <u>Rumania</u>	Racial origin <u>Rumanian</u>	Birth-place <u>Rumania</u>
Number of children including this one living <u>4</u>	Number of children including this one living <u>4</u>	Number of children including this one living <u>4</u>	Number of children including this one living <u>4</u>	Number of children including this one living <u>4</u>	Number of children including this one living <u>4</u>
Occupation, if other than household duties <u>None</u>	Occupation, if other than household duties <u>None</u>	Occupation, if other than household duties <u>None</u>	Occupation, if other than household duties <u>None</u>	Occupation, if other than household duties <u>None</u>	Occupation, if other than household duties <u>None</u>

Name of informant <u>John Maurice</u>	Name of informant <u>John Maurice</u>	Name of informant <u>John Maurice</u>
Address <u>Singeress</u>	Address <u>Singeress</u>	Address <u>Singeress</u>
Name of Physician in attendance <u>Dr. Conner</u>	Name of Physician in attendance <u>Dr. Conner</u>	Name of Physician in attendance <u>Dr. Conner</u>
Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of Physician's notice <u>Yes</u>
Date of receipt of parent's registration <u>Oct 16/22</u>	Date of receipt of parent's registration <u>Oct 16/22</u>	Date of receipt of parent's registration <u>Oct 16/22</u>

I hereby certify that the above are correct registrations of Births filed with me during the month of October 1922

THIS SPACE TO BE RESERVED FOR BINDING



harold geoffrey hall, tena isabel bain, fedora may well, john well, gary mckibbin, ruth eleanor petrie, harry james petrie, vera blanche marie emery, mary ellen sheahan, john sheahan, mimie kennedy, gordon donald yake, arnold yake, florence murray

# BIRTHS

County of Alford

Division of Superior

No. <u>3</u>		No. <u>3</u>		No. <u>3</u>	
County <u>Alford</u> Municipality <u>Superior</u>		County <u>Alford</u> Municipality <u>Superior</u>		County <u>Alford</u> Municipality <u>Superior</u>	
Street and Number or Cor. and Lot <u>Burr Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Cor. and Lot <u>Bartholomew Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Cor. and Lot <u>Lawrence Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Mason</u>		Surname <u>Well</u>		Surname <u>Sheahan</u>	
Given names in full <u>Christine</u>		Given names in full <u>Frederic May</u>		Given names in full <u>Mary Ellen</u>	
Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	
Date of Birth <u>Dec 21st 1922</u>		Date of Birth <u>July 15th 1922</u>		Date of Birth <u>Jan 6th 1923</u>	
FATHER		FATHER		FATHER	
Full name <u>Ernest Mason</u> Age last birthday <u>24</u>		Full name <u>John Well</u> Age last birthday <u>30</u>		Full name <u>John Sheahan</u> Age last birthday <u>42</u>	
Usual residence <u>Superior</u>		Usual residence <u>Barford</u>		Usual residence <u>Barham St</u>	
Racial origin <u>English Ontario</u>		Racial origin <u>English Barford</u>		Racial origin <u>Irish Ontario</u>	
Trade or Profession <u>Labourer</u>		Trade or Profession <u>Labourer</u>		Trade or Profession <u>Farming</u>	
Kind of industry or business in which employed <u>Barham</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>	
Full maiden name <u>Eva Bide Burdland</u> Age last birthday <u>37</u>		Full maiden name <u>Clady May McKelbin</u> Age last birthday <u>31</u>		Full maiden name <u>Minnie Kennedy</u> Age last birthday <u>57</u>	
Usual residence <u>Superior</u>		Usual residence <u>Barford</u>		Usual residence <u>Barham St</u>	
Racial origin <u>English Ontario</u>		Racial origin <u>English Ontario</u>		Racial origin <u>Irish Ontario</u>	
Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Eva B. Mason</u>		Name of Informant <u>John Well</u>		Name of Informant <u>John Sheahan</u>	
Address <u>Superior</u>		Address <u>Barford, Ont</u>		Address <u>Superior</u>	
Name of Physician in attendance <u>Dr. Carrish</u>		Name of Physician in attendance <u>Dr. Ross</u>		Name of Physician in attendance <u>Dr. Quilley</u>	
Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Dec 21/22</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>July 17/22</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Jan 6/23</u>	
No. <u>4</u>		No. <u>5</u>		No. <u>6</u>	
County <u>Alford</u> Municipality <u>Superior</u>		County <u>Alford</u> Municipality <u>Superior</u>		County <u>Alford</u> Municipality <u>Superior</u>	
Street and Number or Cor. and Lot <u>Barham Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Cor. and Lot <u>Barham Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Cor. and Lot <u>Lawrence Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Ross</u>		Surname <u>Betrie</u>		Surname <u>Yake</u>	
Given names in full <u>Russell McKay</u>		Given names in full <u>Ruth Eleanor</u>		Given names in full <u>Raymond Donald</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	
Date of Birth <u>Dec 15th 1922</u>		Date of Birth <u>Dec 19th 1922</u>		Date of Birth <u>Dec 26th 1922</u>	
FATHER		FATHER		FATHER	
Full name <u>Harold Geoffrey Ross</u> Age last birthday <u>32</u>		Full name <u>Harry James Betrie</u> Age last birthday <u>25</u>		Full name <u>Raymond Yake</u> Age last birthday <u>21</u>	
Usual residence <u>Superior</u>		Usual residence <u>Superior</u>		Usual residence <u>Superior</u>	
Racial origin <u>English Ontario</u>		Racial origin <u>English Ontario</u>		Racial origin <u>Canadian Ontario</u>	
Trade or Profession <u>Electric Engineer</u>		Trade or Profession <u>Mechanical</u>		Trade or Profession <u>Ice Cutter</u>	
Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>Marau Co.</u>		Kind of industry or business in which employed <u>Ice factory</u>	
Full maiden name <u>Eva Isabel Bain</u> Age last birthday <u>33</u>		Full maiden name <u>Vera Blanche Marie Empey</u> Age last birthday <u>27</u>		Full maiden name <u>James M. Murray</u> Age last birthday <u>42</u>	
Usual residence <u>Superior</u>		Usual residence <u>Superior</u>		Usual residence <u>Superior</u>	
Racial origin <u>English Ontario</u>		Racial origin <u>English Ontario</u>		Racial origin <u>Canadian Superior</u>	
Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>2</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Rob Ross</u>		Name of Informant <u>Harry James Betrie</u>		Name of Informant <u>Mrs Ray Yake</u>	
Address <u>Superior</u>		Address <u>Superior</u>		Address <u>Superior</u>	
Name of Physician in attendance <u>Dr. Carrish</u>		Name of Physician in attendance <u>Dr. Carrish</u>		Name of Physician in attendance <u>Dr. Carrish</u>	
Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Dec 15/22</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Dec 19/22</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Dec 26/22</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of January 1923

W. Carrish D. R.







# BIRTHS

Norman james mclooh, john james mclooh, jessie radior, katherine margaret mcollough, helen mary elizabeth mcollough, stanley howard linthwaite, edwin george linthwaite, fidence emma wright, mary reddy, william reddy, teressa richardson, john george moon, mabel watts, doris margaret lewis, ernest lewis, irene lillian gertrude empey

County of Alford Division of Syngesse

THIS SPACE TO BE RESERVED FOR BINDING

No. 1		No. 2		No. 3	
County <u>Alford</u> Municipality <u>Syngesse</u>		County <u>Alford</u> Municipality <u>Syngesse</u>		County <u>Alford</u> Municipality <u>Syngesse</u>	
Street and Number <u>St. Peter's Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>North Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>King Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>McKeel</u>		Surname <u>Limhwaite</u>		Surname <u>Mean</u>	
Given names in full <u>Hannian James</u>		Given names in full <u>Stanley Edward</u>		Given names in full <u>John George</u>	
Sex (M. or F.) <u>M</u>	Type of Toilet <u>Yes</u>	Sex (M. or F.) <u>M</u>	Type of Toilet <u>Yes</u>	Sex (M. or F.) <u>M</u>	Type of Toilet <u>Yes</u>
Date of Birth <u>July 26th 1923</u>		Date of Birth <u>July 13th 1923</u>		Date of Birth <u>July 26th 1923</u>	
Full name <u>John James McKeel</u>		Full name <u>Edward Stanley Limhwaite</u>		Full name <u>John Mean</u>	
Usual residence <u>Syngesse</u>		Usual residence <u>Syngesse</u>		Usual residence <u>Syngesse</u>	
Racial origin <u>Canadian Ontario</u>		Racial origin <u>English England</u>		Racial origin <u>English England</u>	
Trade or Profession <u>Merchant</u>		Trade or Profession <u>Labourer</u>		Trade or Profession <u>Painter</u>	
Kind of industry or business in which employed <u>Shoery</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>	
Full maiden name <u>Jessie R. Ralston</u>		Full maiden name <u>Frances Emma Wright</u>		Full maiden name <u>Mabel Watts</u>	
Usual residence <u>Syngesse</u>		Usual residence <u>Syngesse</u>		Usual residence <u>Syngesse</u>	
Racial origin <u>Canadian Ontario</u>		Racial origin <u>English England</u>		Racial origin <u>English England</u>	
Number of children including this one <u>Living 1, dead 0, still-born 0</u>		Number of children including this one <u>Living 2, dead 0, still-born 0</u>		Number of children including this one <u>Living 2, dead 0, still-born 0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>John J. McKeel</u>		Name of Informant <u>E. S. Limhwaite</u>		Name of Informant <u>John Mean</u>	
Address <u>Syngesse</u>		Address <u>Syngesse</u>		Address <u>Syngesse</u>	
Name of Physician in attendance <u>Dr. Rogers</u>		Name of Physician in attendance <u>Dr. Guleary</u>		Name of Physician in attendance <u>Dr. Carmish</u>	
Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>	
Date of receipt of parent's registration <u>July 26th 1923</u>		Date of receipt of parent's registration <u>July 13th 1923</u>		Date of receipt of parent's registration <u>July 26th 1923</u>	
No. 4		No. 5		No. 6	
County <u>Alford</u> Municipality <u>Syngesse</u>		County <u>Alford</u> Municipality <u>Syngesse</u>		County <u>Alford</u> Municipality <u>Syngesse</u>	
Street and Number <u>St. Peter's Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>St. Peter's Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>St. Peter's Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>McClough</u>		Surname <u>Reddy</u>		Surname <u>Lewis</u>	
Given names in full <u>Katherine Margaret</u>		Given names in full <u>William</u>		Given names in full <u>Doris Margaret</u>	
Sex (M. or F.) <u>F</u>	Type of Toilet <u>Yes</u>	Sex (M. or F.) <u>M</u>	Type of Toilet <u>Yes</u>	Sex (M. or F.) <u>F</u>	Type of Toilet <u>Yes</u>
Date of Birth <u>July 4th 1923</u>		Date of Birth <u>July 5th 1923</u>		Date of Birth <u>July 9th 1923</u>	
Full name <u>Katherine Margaret McClough</u>		Full name <u>William Reddy</u>		Full name <u>Ernest O. Lewis</u>	
Usual residence <u>Syngesse</u>		Usual residence <u>Syngesse</u>		Usual residence <u>Syngesse</u>	
Racial origin <u>Irish England</u>		Racial origin <u>English England</u>		Racial origin <u>English England</u>	
Trade or Profession <u>-</u>		Trade or Profession <u>Butcher</u>		Trade or Profession <u>-</u>	
Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>	
Full maiden name <u>Helen Mary Elizabeth McKeel</u>		Full maiden name <u>Teressa Richardson</u>		Full maiden name <u>Irene Lillian Gertrude Empey</u>	
Usual residence <u>Syngesse</u>		Usual residence <u>Syngesse</u>		Usual residence <u>Syngesse</u>	
Racial origin <u>Irish England</u>		Racial origin <u>English England</u>		Racial origin <u>English England</u>	
Number of children including this one <u>Living 1, dead 0, still-born 0</u>		Number of children including this one <u>Living 2, dead 1, still-born 0</u>		Number of children including this one <u>Living 2, dead 0, still-born 0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Mrs Henry Hill</u>		Name of Informant <u>Wm Reddy</u>		Name of Informant <u>Mrs Lewis Lewis</u>	
Address <u>Syngesse</u>		Address <u>Syngesse</u>		Address <u>Syngesse</u>	
Name of Physician in attendance <u>Dr. Macdonald</u>		Name of Physician in attendance <u>Dr. Guleary</u>		Name of Physician in attendance <u>Dr. Carmish</u>	
Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>	
Date of receipt of parent's registration <u>July 4th 1923</u>		Date of receipt of parent's registration <u>July 5th 1923</u>		Date of receipt of parent's registration <u>July 9th 1923</u>	

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1923

W. D. Smith D. R.



Arthur James Sutherland, Mabel Irene Covey, Edmund Nicholson, Bert William Nicholson, Edith Annie Clark, Norma Lena G... Ernest Charles Griffen, Nellie Winnifred Young, John Thompson Corbett, Francis Roy Corbett, Effie Orzela Cucksey

# BIRTHS

County of Alford

Division of Surgeons

No. 7

County Alford Municipality Surgeons  
 Street and Number Alexandra Street  
 or Con. and Loc. (If in hospital, give name instead of street)

Surname Roberts

Given names in full Margaret Alice Marie

Sex (M. or F.) F Twin or Triplet No Was child born alive Yes Are the parents married? Yes

Date of Birth July 27th 1923

FATHER: Full name Charles Roberts Usual residence Surgeons Racial origin English Birth-place England Trade or Profession Carpenter Kind of industry or business in which employed - Full maiden name Annie Belle Miller Usual residence Surgeons Racial origin English Birth-place Ontario Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

MOTHER: Full name Annie Belle Miller Usual residence Surgeons Racial origin English Birth-place Ontario Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

No. 8

County Alford Municipality Surgeons  
 Street and Number Alexandra Street  
 or Con. and Loc. (If in hospital, give name instead of street)

Surname Sutherland

Given names in full Bladys Grace

Sex (M. or F.) F Twin or Triplet No Was child born alive Yes Are the parents married? Yes

Date of Birth July 26th 1923

FATHER: Full name Arthur James Sutherland Usual residence Surgeons Racial origin Scottish Birth-place Ontario Trade or Profession Farmer Kind of industry or business in which employed Springing Full maiden name Mabel Irene Covey Usual residence Surgeons Racial origin English Birth-place Surgeons Number of children including this one living 1 dead 0 Still-born 1 Occupation, if other than household duties -

MOTHER: Full name Mabel Irene Covey Usual residence Surgeons Racial origin English Birth-place Surgeons Number of children including this one living 1 dead 0 Still-born 1 Occupation, if other than household duties -

No. 9

County Alford Municipality Surgeons  
 Street and Number Carroll Street  
 or Con. and Loc. (If in hospital, give name instead of street)

Surname Griffen

Given names in full Norma Vera

Sex (M. or F.) F Twin or Triplet No Was child born alive Yes Are the parents married? Yes

Date of Birth July 27th 1923

FATHER: Full name Ernest Charles Griffen Usual residence Surgeons Racial origin Canadian Birth-place Surgeons Trade or Profession Mechanic Kind of industry or business in which employed Garage Full maiden name Effie Orzela Cucksey Usual residence Surgeons Racial origin English Birth-place England Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

MOTHER: Full name Effie Orzela Cucksey Usual residence Surgeons Racial origin English Birth-place England Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

No. 10

County Alford Municipality Surgeons  
 Street and Number Alexandra Street  
 or Con. and Loc. (If in hospital, give name instead of street)

Surname Smith

Given names in full Edward Edmund Smith

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Are the parents married? Yes

Date of Birth July 12th 1923

FATHER: Full name Edward Edmund Smith Usual residence Surgeons Racial origin English Birth-place England Trade or Profession Electrician Kind of industry or business in which employed - Full maiden name Bertha Beale Usual residence Surgeons Racial origin English Birth-place England Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

MOTHER: Full name Bertha Beale Usual residence Surgeons Racial origin English Birth-place England Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Edward Edmund Smith Address Surgeons Name of Physician in attendance Dr Rogers Date of receipt of Physician's notice Yes Date of receipt of parent's registration July 1923

No. 11

County Alford Municipality Surgeons  
 Street and Number Charles Street  
 or Con. and Loc. (If in hospital, give name instead of street)

Surname Nicholson

Given names in full William Edmund

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Are the parents married? Yes

Date of Birth July 2nd 1923

FATHER: Full name Bert William Nicholson Usual residence Surgeons Racial origin English Birth-place England Trade or Profession Watchman Kind of industry or business in which employed - Full maiden name Edith Annie Clark Usual residence Surgeons Racial origin English Birth-place England Number of children including this one living 4 dead 0 Still-born 0 Occupation, if other than household duties -

MOTHER: Full name Edith Annie Clark Usual residence Surgeons Racial origin English Birth-place England Number of children including this one living 4 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant B. W. Nicholson Address Surgeons Name of Physician in attendance Dr Williams Date of receipt of Physician's notice Yes Date of receipt of parent's registration July 2/23

No. 12

County Alford Municipality Surgeons  
 Street and Number Laura Huron St  
 or Con. and Loc. (If in hospital, give name instead of street)

Surname Corbett

Given names in full John Thompson

Sex (M. or F.) M Twin or Triplet No Was child born alive Yes Are the parents married? Yes

Date of Birth July 26th 1923

FATHER: Full name Francis Roy Corbett Usual residence St Elgin Racial origin English Birth-place Ontario Trade or Profession Mechanic Kind of industry or business in which employed Garage Full maiden name Effie Orzela Cucksey Usual residence St Elgin Racial origin English Birth-place Ontario Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

MOTHER: Full name Effie Orzela Cucksey Usual residence St Elgin Racial origin English Birth-place Ontario Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Francis R Corbett Address St Elgin Name of Physician in attendance Dr Williams Date of receipt of Physician's notice Yes Date of receipt of parent's registration July 26/23

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1923

W. A. Smith D. R.



# BIRTHS

bean winders, thomas casswell winders, lillian may irson, donald stuart arnold slyver, vera gerhart, clarence james pellow, charles joseph pellow, margaret stadelbauer, marjorie elizabeth budd, wilbert wesley budd, etta uren, beverly marie cade, dora elan johnson,

County of Jefferson Division of Jagerssee

No. 1			No. 2			No. 3		
County <u>Jefferson</u> Municipality <u>Jagerssee</u>			County <u>Jefferson</u> Municipality <u>Jagerssee</u>			County <u>Jefferson</u> Municipality <u>Jagerssee</u>		
Street and Number or Con. and Lot <u>Thomas Street</u> <small>(If in hospital, give name instead of street)</small>			Street and Number or Con. and Lot <u>Cherry Street</u> <small>(If in hospital, give name instead of street)</small>			Street and Number or Con. and Lot <u>Wendlandia Hospital</u> <small>(If in hospital, give name instead of street)</small>		
Surname <u>Feischer</u>			Surname <u>Seuyer</u>			Surname <u>Budd</u>		
Given names in full <u>Shadon Feischer</u>			Given names in full <u>Donald Stuart</u>			Given names in full <u>Wesley Elizabeth</u>		
Sex (M. or F.)	Twin or Triplet	Was child born alive?	Sex (M. or F.)	Twin or Triplet	Was child born alive?	Sex (M. or F.)	Twin or Triplet	Was child born alive?
<u>M</u>	<u>No</u>	<u>Yes</u>	<u>M</u>	<u>No</u>	<u>Yes</u>	<u>F</u>	<u>No</u>	<u>Yes</u>
Are the parents married?			Are the parents married?			Are the parents married?		
<u>Yes</u>			<u>Yes</u>			<u>Yes</u>		
Date of Birth <u>Febr 2nd 1923</u>			Date of Birth <u>Mar 4th 1923</u>			Date of Birth <u>Mar 1st 1923</u>		
FATHER			FATHER			FATHER		
Full name <u>Philip Shadon Feischer</u>			Full name <u>Donald B. Seuyer</u>			Full name <u>Wilbert Wesley Budd</u>		
Usual residence <u>Jagerssee</u>			Usual residence <u>Jagerssee</u>			Usual residence <u>West of Jeff</u>		
Racial origin <u>Heater Ontario</u>			Racial origin <u>English Ontario</u>			Racial origin <u>English Ontario</u>		
Trade or Profession <u>Electrician</u>			Trade or Profession <u>Mechanic</u>			Trade or Profession <u>Farmer</u>		
Kind of industry or business in which employed <u>Service Station</u>			Kind of industry or business in which employed <u>Auto Oil</u>			Kind of industry or business in which employed <u>-</u>		
MOTHER			MOTHER			MOTHER		
Full maiden name <u>Maude Elizabeth Feischer</u>			Full maiden name <u>Vera L. B. Seubardt</u>			Full maiden name <u>Etta Gladys Uren</u>		
Usual residence <u>Jagerssee</u>			Usual residence <u>Jagerssee</u>			Usual residence <u>West of Jeff</u>		
Racial origin <u>English Ontario</u>			Racial origin <u>English Ontario</u>			Racial origin <u>English Ontario</u>		
Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>			Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>			Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>		
Occupation, if other than household duties <u>-</u>			Occupation, if other than household duties <u>-</u>			Occupation, if other than household duties <u>-</u>		
Name of Informant <u>B. D. Feischer</u>			Name of Informant <u>Donald B. Seuyer</u>			Name of Informant <u>Mr. Uren</u>		
Address <u>Jagerssee</u>			Address <u>Jagerssee</u>			Address <u>Jagerssee</u>		
Name of Physician in attendance <u>Dr. Lammah</u>			Name of Physician in attendance <u>Dr. Williams</u>			Name of Physician in attendance <u>Dr. Lammah</u>		
Date of receipt of Physician's notice <u>Yes</u>			Date of receipt of Physician's notice <u>Yes</u>			Date of receipt of Physician's notice <u>Yes</u>		
Date of receipt of parent's registration <u>July 2/23</u>			Date of receipt of parent's registration <u>Mar 4/23</u>			Date of receipt of parent's registration <u>Mar 2/23</u>		
No. 4			No. 5			No. 6		
County <u>Jefferson</u> Municipality <u>Jagerssee</u>			County <u>Jefferson</u> Municipality <u>Jagerssee</u>			County <u>Jefferson</u> Municipality <u>Jagerssee</u>		
Street and Number or Con. and Lot <u>Wendlandia Hospital</u> <small>(If in hospital, give name instead of street)</small>			Street and Number or Con. and Lot <u>Seneca Street</u> <small>(If in hospital, give name instead of street)</small>			Street and Number or Con. and Lot <u>Wendlandia Hospital</u> <small>(If in hospital, give name instead of street)</small>		
Surname <u>Winders</u>			Surname <u>Bellew</u>			Surname <u>Cade</u>		
Given names in full <u>Thomas Casswell Winders</u>			Given names in full <u>Charles James</u>			Given names in full <u>Beverly Marie</u>		
Sex (M. or F.)	Twin or Triplet	Was child born alive?	Sex (M. or F.)	Twin or Triplet	Was child born alive?	Sex (M. or F.)	Twin or Triplet	Was child born alive?
<u>M</u>	<u>No</u>	<u>Yes</u>	<u>M</u>	<u>No</u>	<u>Yes</u>	<u>F</u>	<u>No</u>	<u>Yes</u>
Are the parents married?			Are the parents married?			Are the parents married?		
<u>Yes</u>			<u>Yes</u>			<u>Yes</u>		
Date of Birth <u>Mar 3rd 1923</u>			Date of Birth <u>Mar 16th 1923</u>			Date of Birth <u>Mar 10th 1923</u>		
FATHER			FATHER			FATHER		
Full name <u>Thomas Casswell Winders</u>			Full name <u>Charles James Bellew</u>			Full name <u>William Richard Cade</u>		
Usual residence <u>Jagerssee</u>			Usual residence <u>Jagerssee</u>			Usual residence <u>Quay</u>		
Racial origin <u>Canadian Jagerssee</u>			Racial origin <u>English Jagerssee</u>			Racial origin <u>English Ontario</u>		
Trade or Profession <u>Banker</u>			Trade or Profession <u>Clerk</u>			Trade or Profession <u>Manufacturer</u>		
Kind of industry or business in which employed <u>-</u>			Kind of industry or business in which employed <u>C. O. Ry</u>			Kind of industry or business in which employed <u>Chess Boxes</u>		
MOTHER			MOTHER			MOTHER		
Full maiden name <u>Lillian May Deman</u>			Full maiden name <u>Margaret Stadelbauer</u>			Full maiden name <u>Dora Ellen Johnson</u>		
Usual residence <u>Jagerssee</u>			Usual residence <u>Jagerssee</u>			Usual residence <u>Quay</u>		
Racial origin <u>Canadian Jagerssee</u>			Racial origin <u>Canadian Jagerssee</u>			Racial origin <u>English Ontario</u>		
Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>			Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>			Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		
Occupation, if other than household duties <u>-</u>			Occupation, if other than household duties <u>-</u>			Occupation, if other than household duties <u>-</u>		
Name of Informant <u>Thomas C. Winders</u>			Name of Informant <u>Dr. Joseph Bellew</u>			Name of Informant <u>Wm. R. Cade</u>		
Address <u>Jagerssee</u>			Address <u>Jagerssee</u>			Address <u>Springfield R. R. 4</u>		
Name of Physician in attendance <u>Dr. Lammah</u>			Name of Physician in attendance <u>Dr. Rogers</u>			Name of Physician in attendance <u>Dr. Lammah</u>		
Date of receipt of Physician's notice <u>Yes</u>			Date of receipt of Physician's notice <u>Yes</u>			Date of receipt of Physician's notice <u>Yes</u>		
Date of receipt of parent's registration <u>Mar 2/23</u>			Date of receipt of parent's registration <u>Mar 1/23</u>			Date of receipt of parent's registration <u>Mar 10/23</u>		

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of March - Apr 1923

D. R.



Elizabeth May Jeffries, George Alexander Scott, James Teifer Scott, Helen Taylor, Nellie Irene Drewery, George William Drewery, Edith Day, Anna Sarah Knowles, Laurence Knowles, Susan Mary Fleet

# BIRTHS

County of Oldham Division of Sunderland

No. 2		No. 3		No. 4	
County <u>Oldham</u> Municipality <u>Sunderland</u> Street and Number <u>Race Street</u> (If in hospital, give name instead of street)		County <u>Oldham</u> Municipality <u>Sunderland</u> Street and Number <u>Leeds Street</u> (If in hospital, give name instead of street)		County <u>Oldham</u> Municipality <u>Sunderland</u> Street and Number <u>Leeds Street</u> (If in hospital, give name instead of street)	
Surname <u>Daniel</u>		Surname <u>Smith</u>		Surname <u>Drewery</u>	
Given names in full <u>William Burnard</u>		Given names in full <u>William Arthur</u>		Given names in full <u>Hellie Jane</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>
Date of Birth <u>Mar 6th 1923</u>		Date of Birth <u>Mar 12th 1923</u>		Date of Birth <u>Mar 12th 1923</u>	
Full name <u>Leslie John Daniel</u>		Full name <u>William Arthur Smith</u>		Full name <u>Elizabeth Drewery</u>	
Usual residence <u>Sunderland</u> Age last birthday <u>3</u>		Usual residence <u>Sunderland</u> Age last birthday <u>3</u>		Usual residence <u>Sunderland</u> Age last birthday <u>2</u>	
Racial origin <u>Canadian</u> Birth-place <u>Sunderland</u>		Racial origin <u>Canadian</u> Birth-place <u>Canada</u>		Racial origin <u>English</u> Birth-place <u>England</u>	
Trade or Profession <u>—</u>		Trade or Profession <u>Banklayer</u>		Trade or Profession <u>—</u>	
Kind of industry or business in which employed <u>—</u>		Kind of industry or business in which employed <u>—</u>		Kind of industry or business in which employed <u>—</u>	
Full maiden name <u>Mary Kehrig</u>		Full maiden name <u>Elizabeth May Jeffries</u>		Full maiden name <u>Edith Day</u>	
Usual residence <u>Sunderland</u> Age last birthday <u>34</u>		Usual residence <u>Sunderland</u> Age last birthday <u>24</u>		Usual residence <u>Sunderland</u> Age last birthday <u>24</u>	
Racial origin <u>Canadian</u> Birth-place <u>Canada</u>		Racial origin <u>English</u> Birth-place <u>England</u>		Racial origin <u>English</u> Birth-place <u>England</u>	
Number of children including this one living <u>6</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>—</u>		Occupation, if other than household duties <u>—</u>		Occupation, if other than household duties <u>—</u>	
Name of Informant <u>B. J. Daniel</u>		Name of Informant <u>W. A. Smith</u>		Name of Informant <u>H. S. Drewery</u>	
Address <u>Sunderland</u>		Address <u>Sunderland</u>		Address <u>Sunderland</u>	
Name of Physician in attendance <u>Dr. Curran</u>		Name of Physician in attendance <u>Dr. Curran</u>		Name of Physician in attendance <u>Dr. Curran</u>	
Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Mar 1/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Mar 1/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Mar 13/23</u>
County <u>Oldham</u> Municipality <u>Sunderland</u> Street and Number <u>Race Street</u> (If in hospital, give name instead of street)		County <u>Oldham</u> Municipality <u>Sunderland</u> Street and Number <u>Leeds Street</u> (If in hospital, give name instead of street)		County <u>Oldham</u> Municipality <u>Sunderland</u> Street and Number <u>Leeds Street</u> (If in hospital, give name instead of street)	
Surname <u>Wikee</u>		Surname <u>Scott</u>		Surname <u>Knowles</u>	
Given names in full <u>Harold Robert</u>		Given names in full <u>James Alfred</u>		Given names in full <u>Laurence Knowles</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Date of Birth <u>Mar 15th 1923</u>		Date of Birth <u>Mar 22nd 1923</u>		Date of Birth <u>Mar 23rd 1923</u>	
Full name <u>Frederick Albert Wikee</u>		Full name <u>James Alfred Scott</u>		Full name <u>Laurence Knowles</u>	
Usual residence <u>Sunderland</u> Age last birthday <u>31</u>		Usual residence <u>Sunderland</u> Age last birthday <u>42</u>		Usual residence <u>Marsley R.R.</u> Age last birthday <u>27</u>	
Racial origin <u>English</u> Birth-place <u>Ontario</u>		Racial origin <u>Scottish</u> Birth-place <u>Scotland</u>		Racial origin <u>Irish</u> Birth-place <u>Cartholme</u>	
Trade or Profession <u>—</u>		Trade or Profession <u>—</u>		Trade or Profession <u>Farmer</u>	
Kind of industry or business in which employed <u>—</u>		Kind of industry or business in which employed <u>—</u>		Kind of industry or business in which employed <u>Farming</u>	
Full maiden name <u>Gene Agnes McMilligan</u>		Full maiden name <u>Julia McBean Doyle</u>		Full maiden name <u>Susan Mary Fleet</u>	
Usual residence <u>Sunderland</u> Age last birthday <u>26</u>		Usual residence <u>Sunderland</u> Age last birthday <u>29</u>		Usual residence <u>Sunderland</u> Age last birthday <u>19</u>	
Racial origin <u>English</u> Birth-place <u>Sunderland</u>		Racial origin <u>Scottish</u> Birth-place <u>Scotland</u>		Racial origin <u>English</u> Birth-place <u>Sunderland</u>	
Number of children including this one living <u>3</u> dead <u>2</u> Still-born <u>0</u>		Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>—</u>		Occupation, if other than household duties <u>—</u>		Occupation, if other than household duties <u>—</u>	
Name of Informant <u>Mrs J. Wikee</u>		Name of Informant <u>Jas D Scott</u>		Name of Informant <u>Mrs L. Knowles</u>	
Address <u>Sunderland</u>		Address <u>Sunderland</u>		Address <u>Marsley R.R.</u>	
Name of Physician in attendance <u>Dr. Curran</u>		Name of Physician in attendance <u>Dr. Curran</u>		Name of Physician in attendance <u>Dr. Rogers</u>	
Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Mar 1/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Mar 13/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Mar 24/23</u>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of April 1923  
W. A. Smith D. R.



# BIRTHS

Kathleen joyce andrew, raif merrion andrew, irea albina simon, ronald sawle, sidney john sawle, ethelwyn emily turney turvey, annie margaret waterman, george nelson stanley waterman, grace taylor, russel henry beer, james everet beer, mary ellen cornish, donald mckillen, benjamin mckillen, rachael hallam, charles john pearson; thmer paerson, iris may davies

County of Alford Division of Ingersoll

No. 3		No. 4		No. 5	
County <u>Alford</u> Municipality <u>Ingersoll</u>		County <u>Alford</u> Municipality <u>Ingersoll</u>		County <u>Alford</u> Municipality <u>Ingersoll</u>	
Street and Number or Con. and Lot <u>Waverley Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Waverley Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Waverley Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Andrew</u>		Surname <u>Waterman</u>		Surname <u>McKillen</u>	
Given names in full <u>Barthelen Louise</u>		Given names in full <u>Immie Margaret</u>		Given names in full <u>Dorcel</u>	
Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	
Date of Birth <u>April 10th 1923</u>		Date of Birth <u>April 10th 1923</u>		Date of Birth <u>April 20th 1923</u>	
Full name <u>Ralph Merlan Andrew</u>		Full name <u>Elizabeth Stanley Waterman</u>		Full name <u>Raynne McKillen</u>	
Usual residence <u>Mossley</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>English</u> Birth-place <u>Canada</u>		Racial origin <u>English</u> Birth-place <u>Canada</u>		Racial origin <u>Canadian</u> Birth-place <u>Ontario</u>	
Trade or Profession <u>Farmer</u>		Trade or Profession <u>Truck Driver</u>		Trade or Profession <u>Labourer</u>	
Kind of industry or business in which employed <u>Farming</u>		Kind of industry or business in which employed <u>John Hancock Co.</u>		Kind of industry or business in which employed <u>-</u>	
Full maiden name <u>See Alberta Smith</u>		Full maiden name <u>Grace Taylor</u>		Full maiden name <u>Rachael Hallam</u>	
Usual residence <u>Mossley</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>English</u> Birth-place <u>Ontario</u>		Racial origin <u>English</u> Birth-place <u>England</u>		Racial origin <u>Canadian</u> Birth-place <u>Ontario</u>	
Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Merlan Andrew</u>		Name of Informant <u>B. H. Waterman</u>		Name of Informant <u>Eda McKillen</u>	
Address <u>Mossley R.R. No. 1</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Cornish</u>		Name of Physician in attendance <u>Dr. Cornish</u>		Name of Physician in attendance <u>Dr. Macdonald</u>	
Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>April 10/23</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>April 10/23</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>April 21/23</u>	
County <u>Alford</u> Municipality <u>Ingersoll</u>		County <u>Alford</u> Municipality <u>Ingersoll</u>		County <u>Alford</u> Municipality <u>Ingersoll</u>	
Street and Number or Con. and Lot <u>Victoria Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Victoria Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Waverley Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Sawle</u>		Surname <u>Beer</u>		Surname <u>Pearson</u>	
Given names in full <u>Sidney John Sawle</u>		Given names in full <u>Russel Henry</u>		Given names in full <u>Charles John</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	
Date of Birth <u>April 29th 1923</u>		Date of Birth <u>May 1st 1923</u>		Date of Birth <u>May 2nd 1923</u>	
Full name <u>Sidney John Sawle</u>		Full name <u>James Everet Beer</u>		Full name <u>Thmer Pearson</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Autram</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>English</u> Birth-place <u>England</u>		Racial origin <u>English</u> Birth-place <u>Michigan</u>		Racial origin <u>Canadian</u> Birth-place <u>Ontario</u>	
Trade or Profession <u>Labourer</u>		Trade or Profession <u>Farmer</u>		Trade or Profession <u>Labourer</u>	
Kind of industry or business in which employed <u>Banden Milk Co.</u>		Kind of industry or business in which employed <u>Farming</u>		Kind of industry or business in which employed <u>-</u>	
Full maiden name <u>Ethelwyn Emily Turney</u>		Full maiden name <u>Mary Ellen Cornish</u>		Full maiden name <u>Iris May Davies</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Autram</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>English</u> Birth-place <u>England</u>		Racial origin <u>English</u> Birth-place <u>Ontario</u>		Racial origin <u>English</u> Birth-place <u>England</u>	
Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>S. J. Sawle</u>		Name of Informant <u>Ada C. Hedges</u>		Name of Informant <u>Thmer Pearson</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Hedges</u>		Name of Physician in attendance <u>Dr. Cornish</u>		Name of Physician in attendance <u>Dr. Williams</u>	
Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>April 29/23</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>May 1/23</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>May 2/23</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of May 1923  
W. B. Smith D.R.



hippison, norace william hippison, violet brown, vera john crown, benjamin s. augusta bleaken, artha profshie staples, louis william staples, grace emma molenehan, charles wallace riley, margaret white

# BIRTHS

County of Ontario

Division of Ingersoll

No. 5		No. 9		No. 10	
County <u>Ontario</u> Municipality <u>Ingersoll</u>		County <u>Ontario</u> Municipality <u>Ingersoll</u>		County <u>Ontario</u> Municipality <u>Ingersoll</u>	
Street and Number <u>St. Albans Street</u>		Street and Number <u>St. Albans Street</u>		Street and Number <u>St. Albans Street</u>	
Surname <u>Hayes</u>		Surname <u>Hipperson</u>		Surname <u>Staples</u>	
Given names in full <u>Murray Hayes</u>		Given names in full <u>Ronald Stanley</u>		Given names in full <u>Barbara Christine</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>
Date of Birth <u>Mar 17th 1923</u>		Date of Birth <u>Mar 19th 1923</u>		Date of Birth <u>Apr 5th 1923</u>	
Full name <u>Ernest Hayes</u>		Full name <u>George William Hipperson</u>		Full name <u>Hamilton William Staples</u>	
Usual residence <u>Ingersoll</u>	Age last birthday <u>27</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>27</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>26</u>
Racial origin <u>English Ontario</u>	Birth-place <u>Ontario</u>	Racial origin <u>English England</u>	Birth-place <u>England</u>	Racial origin <u>Canadian Ontario</u>	Birth-place <u>Ontario</u>
Trade or Profession <u>Farmer</u>	Kind of industry or business in which employed <u>-</u>	Trade or Profession <u>Labourer</u>	Kind of industry or business in which employed <u>-</u>	Trade or Profession <u>Dentist</u>	Kind of industry or business in which employed <u>-</u>
Full maiden name <u>Maria Page</u>		Full maiden name <u>Violet Brown</u>		Full maiden name <u>Grace Emma Molenehan</u>	
Usual residence <u>Ingersoll</u>	Age last birthday <u>23</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>26</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>25</u>
Racial origin <u>English Ontario</u>	Birth-place <u>Ontario</u>	Racial origin <u>English England</u>	Birth-place <u>England</u>	Racial origin <u>Irish Ontario</u>	Birth-place <u>Ontario</u>
Number of children including this one living <u>2</u> dead <u>0</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Number of children including this one living <u>2</u> dead <u>0</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>
Name of Informant <u>Ernest Hayes</u>		Name of Informant <u>W. L. Hipperson</u>		Name of Informant <u>Delia L. Hedges</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Cameron</u>		Name of Physician in attendance <u>Dr. Cameron</u>		Name of Physician in attendance <u>Dr. Cameron</u>	
Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Mar 17/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Mar 19/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Apr 5/23</u>
No. 11		No. 1		No. 2	
County <u>Ontario</u> Municipality <u>Ingersoll</u>		County <u>Ontario</u> Municipality <u>Ingersoll</u>		County <u>Ontario</u> Municipality <u>Ingersoll</u>	
Street and Number <u>St. Albans Street</u>		Street and Number <u>St. Albans Street</u>		Street and Number <u>St. Albans Street</u>	
Surname <u>Chute</u>		Surname <u>Crown</u>		Surname <u>Riley</u>	
Given names in full <u>Clara</u>		Given names in full <u>Bernice Jean</u>		Given names in full <u>Charles W. Riley</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Date of Birth <u>Apr 24th 1923</u>		Date of Birth <u>Apr 10th 1923</u>		Date of Birth <u>Apr 25th 1923</u>	
Full name <u>Clara Chute</u>		Full name <u>Bernice Jean Crown</u>		Full name <u>Charles W. Riley</u>	
Usual residence <u>Ingersoll</u>	Age last birthday <u>17</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>27</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>35</u>
Racial origin <u>Canadian Ontario</u>	Birth-place <u>Ontario</u>	Racial origin <u>Canadian Canada</u>	Birth-place <u>Canada</u>	Racial origin <u>English Ontario</u>	Birth-place <u>Ontario</u>
Trade or Profession <u>-</u>	Kind of industry or business in which employed <u>-</u>	Trade or Profession <u>Cheese Maker</u>	Kind of industry or business in which employed <u>-</u>	Trade or Profession <u>Cheese Exporter</u>	Kind of industry or business in which employed <u>-</u>
Full maiden name <u>Clara Chute</u>		Full maiden name <u>Angela Bleaken</u>		Full maiden name <u>Margaret White</u>	
Usual residence <u>Ingersoll</u>	Age last birthday <u>17</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>27</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>30</u>
Racial origin <u>Canadian Ontario</u>	Birth-place <u>Ontario</u>	Racial origin <u>English England</u>	Birth-place <u>England</u>	Racial origin <u>English Ontario</u>	Birth-place <u>Ontario</u>
Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Number of children including this one living <u>4</u> dead <u>1</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Number of children including this one living <u>4</u> dead <u>0</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>
Name of Informant <u>Mrs. A. Chute</u>		Name of Informant <u>Bernie Crown</u>		Name of Informant <u>Charles W. Riley</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Cameron</u>		Name of Physician in attendance <u>Dr. Cameron</u>		Name of Physician in attendance <u>Dr. Cameron</u>	
Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Apr 24/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Apr 10/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Apr 25/23</u>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of April May 1923

D. R.



# BIRTHS

County of Offord

Division of Sudbourn

No. 3		No. 4		No. 5	
County <u>Offord</u> Municipality <u>Sudbourn</u> Street and Number <u>121 Victoria Street</u> or Cor. and Loc. <u>(If in hospital, give name instead of street)</u>		County <u>Offord</u> Municipality <u>Sudbourn</u> Street and Number <u>121 Victoria Street</u> or Cor. and Loc. <u>(If in hospital, give name instead of street)</u>		County <u>Offord</u> Municipality <u>Sudbourn</u> Street and Number <u>121 Victoria Street</u> or Cor. and Loc. <u>(If in hospital, give name instead of street)</u>	
Surname <u>Low</u>		Surname <u>McLangee</u>		Surname <u>Unce</u>	
Given names in full <u>Shirley Hampson</u>		Given names in full <u>Donald Alexander</u>		Given names in full <u>William Alexander</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	
Date of Birth <u>May 20th 1923</u>		Date of Birth <u>May 31st 1923</u>		Date of Birth <u>June 1st 1923</u>	
FATHER: Full name <u>Alan Leo Low</u> Usual residence <u>Sudbourn</u> Racial origin <u>Irish</u> Birth-place <u>Ontario</u> Trade or Profession <u>Druggist</u> Kind of industry or business in which employed <u>Drug Store</u>		FATHER: Full name <u>William Alexander McLangee</u> Usual residence <u>Sudbourn</u> Racial origin <u>Scottish</u> Birth-place <u>Ontario</u> Trade or Profession <u>Dracer</u> Kind of industry or business in which employed <u>Dracery</u>		FATHER: Full name <u>Frank Unce</u> Usual residence <u>Sudbourn</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Seaman</u> Kind of industry or business in which employed <u>-</u>	
MOTHER: Full maiden name <u>Mina Luella McPherson</u> Usual residence <u>Sudbourn</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Violet Annie Phipps</u> Usual residence <u>Sudbourn</u> Racial origin <u>Irish</u> Birth-place <u>Ireland</u> Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Beatrice B. Kellaway</u> Usual residence <u>Sudbourn</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>5</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>A. L. Low</u>		Name of Informant <u>W. D. McLangee</u>		Name of Informant <u>W. D. Hedges</u>	
Address <u>Sudbourn</u>		Address <u>Sudbourn</u>		Address <u>Sudbourn</u>	
Name of Physician in attendance <u>Dr. Cameron</u>		Name of Physician in attendance <u>Dr. McDonald</u>		Name of Physician in attendance <u>Dr. Cameron</u>	
Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>May 20/23</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>June 1/23</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>June 1/23</u>	
No. 6		No. 7		No. 8	
County <u>Offord</u> Municipality <u>Sudbourn</u> Street and Number <u>121 Victoria Street</u> or Cor. and Loc. <u>(If in hospital, give name instead of street)</u>		County <u>Offord</u> Municipality <u>Sudbourn</u> Street and Number <u>121 Victoria Street</u> or Cor. and Loc. <u>(If in hospital, give name instead of street)</u>		County <u>Offord</u> Municipality <u>Sudbourn</u> Street and Number <u>121 Victoria Street</u> or Cor. and Loc. <u>(If in hospital, give name instead of street)</u>	
Surname <u>Douglas</u>		Surname <u>Stanley</u>		Surname <u>Nancekivell</u>	
Given names in full <u>Alvan Marie</u>		Given names in full <u>Steward James</u>		Given names in full <u>Thomas Joseph</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	
Date of Birth <u>June 15th 1923</u>		Date of Birth <u>June 5th 1923</u>		Date of Birth <u>June 11th 1923</u>	
FATHER: Full name <u>Samuel Clifford Douglas</u> Usual residence <u>Sudbourn</u> Racial origin <u>Scottish</u> Birth-place <u>England</u> Trade or Profession <u>Clerk</u> Kind of industry or business in which employed <u>Furniture</u>		FATHER: Full name <u>Thomas Edward Stanley</u> Usual residence <u>Sudbourn</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>Small Tools</u>		FATHER: Full name <u>Reuben Nancekivell</u> Usual residence <u>Sudbourn</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>Farming</u>	
MOTHER: Full maiden name <u>Maud Stewart</u> Usual residence <u>Sudbourn</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Louisa Newbold</u> Usual residence <u>Sudbourn</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Elizabeth Dutton</u> Usual residence <u>Sudbourn</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>10</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>W. D. Hedges</u>		Name of Informant <u>S. Stanley</u>		Name of Informant <u>W. D. Hedges</u>	
Address <u>Sudbourn</u>		Address <u>Sudbourn</u>		Address <u>Sudbourn</u>	
Name of Physician in attendance <u>Dr. Cameron</u>		Name of Physician in attendance <u>Dr. Cameron</u>		Name of Physician in attendance <u>Dr. Cameron</u>	
Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>June 1/23</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>June 8/23</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>June 1/23</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of June 1923

W. D. Hedges D. R.



Laura Rachel Emma Strain, Alice Strain, Josephine Strain, Alexander McKenzie, Alice Bowers, Ruth Elizabeth Longfield, Preston Longfield, Margaret Zmel, Atkins, Elizabeth Queen Burnside, Robert Burnside, Mary Farmer

# BIRTHS

County of Alford

Division of Ingersoll

No. 9		No. 10		No. 11	
County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number <u>King Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u>		County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number <u>King Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u>		County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number <u>Alexandra Road</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u>	
Surname <u>Sure</u>		Surname <u>Schram</u>		Surname <u>Langfield</u>	
Given names in full <u>Margaret Anne</u>		Given names in full <u>Rachel Emma</u>		Given names in full <u>Ruth Elizabeth</u>	
Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>
Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>May 26th 1923</u>		Date of Birth <u>May 7th 1923</u>		Date of Birth <u>May 14th 1923</u>	
Full name <u>Albert Colman Sure</u>		Full name <u>Archie Schram</u>		Full name <u>Orlén Bee Langfield</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>English Canadian</u>		Racial origin <u>Canadian Ontario</u>		Racial origin <u>English Ontario</u>	
Trade or Profession <u>Market Clerk</u>		Trade or Profession <u>Butcher</u>		Trade or Profession <u>Machinist</u>	
Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>	
Full maiden name <u>Mary Simpson</u>		Full maiden name <u>Josephine Schram</u>		Full maiden name <u>Margaret Amelia Adams</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>English Canadian</u>		Racial origin <u>Canadian Ontario</u>		Racial origin <u>English Ontario</u>	
Number of children including this one living <u>9</u> dead <u>1</u> still-born <u>-</u>		Number of children including this one living <u>3</u> dead <u>0</u> still-born <u>0</u>		Number of children including this one living <u>3</u> dead <u>0</u> still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Albert S Sure</u>		Name of Informant <u>Mrs R Walker</u>		Name of Informant <u>Ada L Hodges</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>D. Cameron</u>		Name of Physician in attendance <u>D. Cameron</u>		Name of Physician in attendance <u>D. Cameron</u>	
Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>	
Date of receipt of parent's registration <u>May 23/23</u>		Date of receipt of parent's registration <u>May 7/23</u>		Date of receipt of parent's registration <u>May 14/23</u>	
No. <u>12</u>		No. <u>1</u>		No. <u>2</u>	
County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number <u>King Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u>		County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number <u>Wilson Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u>		County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number <u>Alexandra Road</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u>	
Surname <u>Shampson</u>		Surname <u>McKenzie</u>		Surname <u>Burnside</u>	
Given names in full <u>-</u>		Given names in full <u>Felix</u>		Given names in full <u>Robert Burnside</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>May 31st 1923</u>		Date of Birth <u>June 2nd 1923</u>		Date of Birth <u>May 29th 1923</u>	
Full name <u>Raymond Russell Shampson</u>		Full name <u>George Alexander McKenzie</u>		Full name <u>Robert Burnside</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>English Ingersoll</u>		Racial origin <u>Canadian Ontario</u>		Racial origin <u>Scottish Scotland</u>	
Trade or Profession <u>Salesman</u>		Trade or Profession <u>Creamery</u>		Trade or Profession <u>Machinist</u>	
Kind of industry or business in which employed <u>John Manow Co.</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>	
Full maiden name <u>Rose Marie Goyitz</u>		Full maiden name <u>Alice Bowers</u>		Full maiden name <u>Mary Farmer</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>German Scottish</u>		Racial origin <u>Canadian Ingersoll</u>		Racial origin <u>Scottish Scotland</u>	
Number of children including this one living <u>4</u> dead <u>-</u> still-born <u>-</u>		Number of children including this one living <u>1</u> dead <u>-</u> still-born <u>-</u>		Number of children including this one living <u>1</u> dead <u>-</u> still-born <u>-</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Lee R Shampson</u>		Name of Informant <u>Alex McKenzie</u>		Name of Informant <u>Ada L Hodges</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>D. Cameron</u>		Name of Physician in attendance <u>D. Cameron</u>		Name of Physician in attendance <u>D. Cameron</u>	
Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>	
Date of receipt of parent's registration <u>May 31/23</u>		Date of receipt of parent's registration <u>June 2/23</u>		Date of receipt of parent's registration <u>May 29/23</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of June 1923

D. R.



# BIRTHS

gardner, francis gardner, mabel harriette murray, hazel scott, larry murray, hazel may roddy, leslie dale wright, archie wright, stella lenora centee, charles wendall murray rutledge, walter erwin rutledge, annie may mcmurray, muriel isabella foulds, elwood norman foulds, muriel rhoda smith,

County of Jefferson

Division of Hygiene

No. 1		No. 10		No. 1	
County <u>Jefferson</u> Municipality <u>Ingersoll</u>		County <u>Jefferson</u> Municipality <u>Ingersoll</u>		County <u>Jefferson</u> Municipality <u>Ingersoll</u>	
Street and Number <u>Wendell Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Wendell Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Wendell Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Clifford</u>		Surname <u>Beatt</u>		Surname <u>Rutledge</u>	
Given names in full <u>Myrtle Lawrence</u>		Given names in full <u>Stacy</u>		Given names in full <u>Walter Edwin Murray</u>	
Sex (M. or F.) <u>F</u>	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Was child born alive? <u>Yes</u>
Trade or Profession	Are the parents married? <u>Yes</u>	Trade or Profession	Are the parents married? <u>Yes</u>	Trade or Profession	Are the parents married? <u>Yes</u>
Date of Birth <u>June 17th 1923</u>		Date of Birth <u>June 23rd 1923</u>		Date of Birth <u>June 20th 1923</u>	
Full name <u>Myrtle Clifford</u>		Full name <u>Stacy Beatt</u>		Full name <u>Walter Edwin Rutledge</u>	
Usual residence <u>Shenandoe</u>		Usual residence <u>Windsor</u>		Usual residence <u>Shenandoe</u>	
Racial origin <u>English Ontario</u>		Racial origin <u>Canadian Virginia</u>		Racial origin <u>Irish Ontario</u>	
Trade or Profession <u>Farmer</u>		Trade or Profession <u>Mechanics</u>		Trade or Profession <u>Farmer</u>	
Kind of industry or business in which employed <u>Farming</u>		Kind of industry or business in which employed <u>General Drive</u>		Kind of industry or business in which employed <u>-</u>	
Full maiden name <u>Lawrence Dundas</u>		Full maiden name <u>Stacy May Beatt</u>		Full maiden name <u>Annie May McMurray</u>	
Usual residence <u>Shenandoe</u>		Usual residence <u>Windsor</u>		Usual residence <u>Shenandoe</u>	
Racial origin <u>German Ontario</u>		Racial origin <u>Canadian Virginia</u>		Racial origin <u>Canadian Ontario</u>	
Number of children including this one living <u>5</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>1</u> Still-born <u>0</u>		Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Ada L. Hedges</u>		Name of Informant <u>Mary W. Beatt</u>		Name of Informant <u>Ada L. Hedges</u>	
Address <u>Ingersoll</u>		Address <u>Windsor, Ont.</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Currier</u>		Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Moffatt Allen</u>	
Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>No</u>	
Date of receipt of parent's registration <u>June 17/23</u>		Date of receipt of parent's registration <u>June 24/23</u>		Date of receipt of parent's registration <u>June 11/23</u>	
No. 2		No. 3		No. 4	
County <u>Jefferson</u> Municipality <u>Ingersoll</u>		County <u>Jefferson</u> Municipality <u>Ingersoll</u>		County <u>Jefferson</u> Municipality <u>Ingersoll</u>	
Street and Number <u>Wendell Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Wendell Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Wendell Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Gardiner</u>		Surname <u>Wright</u>		Surname <u>Foulds</u>	
Given names in full <u>Emmaline Nash</u>		Given names in full <u>Leslie Dale</u>		Given names in full <u>Muriel Rhoda</u>	
Sex (M. or F.) <u>F</u>	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Was child born alive? <u>Yes</u>
Trade or Profession	Are the parents married? <u>Yes</u>	Trade or Profession	Are the parents married? <u>Yes</u>	Trade or Profession	Are the parents married? <u>Yes</u>
Date of Birth <u>June 15th 1923</u>		Date of Birth <u>June 24th 1923</u>		Date of Birth <u>June 11th 1923</u>	
Full name <u>Emmaline Nash</u>		Full name <u>Archie Wright</u>		Full name <u>Alwood Norman Foulds</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>English Maryland</u>		Racial origin <u>English Michigan</u>		Racial origin <u>English Ontario</u>	
Trade or Profession <u>Deer Blower</u>		Trade or Profession <u>Labourer</u>		Trade or Profession <u>Alphabetic</u>	
Kind of industry or business in which employed <u>Jimmy Baker</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>Furniture</u>	
Full maiden name <u>Mabel Harriette Harlow</u>		Full maiden name <u>Stella Lenora Centee</u>		Full maiden name <u>Muriel Rhoda Sprink</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>English Maryland</u>		Racial origin <u>English Ontario</u>		Racial origin <u>English</u>	
Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Mr. Francis Gardiner</u>		Name of Informant <u>Stella Lenora Centee</u>		Name of Informant <u>Alwood N. Foulds</u>	
Address <u>Dr. Currier</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Ingersoll</u>		Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Currier</u>	
Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>	
Date of receipt of parent's registration <u>June 15/23</u>		Date of receipt of parent's registration <u>July 20/23</u>		Date of receipt of parent's registration <u>June 11/23</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of June & July 1923

D. R.



# BIRTHS

County of Oldham

Division of Englewood

No. 5		No. 6		No. 7	
County <u>Oldham</u> Municipality <u>Englewood</u>		County <u>Oldham</u> Municipality <u>Englewood</u>		County <u>Oldham</u> Municipality <u>Englewood</u>	
Street and Number or Cor. and Lot <u>James Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Cor. and Lot <u>Alexandria Hospital</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Cor. and Lot <u>Alexandria Hospital</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Graydon</u>		Surname <u>Dawglas</u>		Surname <u>Dawglas</u>	
Given names in full <u>William Edith Graydon</u>		Given names in full <u>William Ballou Dawglas</u>		Given names in full <u>William Ballou Dawglas</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>June 11th 1923</u>		Date of Birth <u>July 3rd 1923</u>		Date of Birth <u>July 3rd 1923</u>	
Full name <u>James Cecil Graydon</u>		Full name <u>William Ballou Dawglas</u>		Full name <u>William Ballou Dawglas</u>	
Usual residence <u>Englewood</u>		Usual residence <u>Englewood</u>		Usual residence <u>Englewood</u>	
Racial origin <u>English</u>		Racial origin <u>Irish</u>		Racial origin <u>Irish</u>	
Trade or Profession <u>Merchant</u>		Trade or Profession <u>Furniture</u>		Trade or Profession <u>Furniture</u>	
Kind of industry or business in which employed <u>Candy Store</u>		Kind of industry or business in which employed <u>Do</u>		Kind of industry or business in which employed <u>Do</u>	
Full maiden name <u>Elizabeth Anne</u>		Full maiden name <u>Mary Penning</u>		Full maiden name <u>Mary Penning</u>	
Usual residence <u>Englewood</u>		Usual residence <u>Englewood</u>		Usual residence <u>Englewood</u>	
Racial origin <u>English</u>		Racial origin <u>Irish</u>		Racial origin <u>Irish</u>	
Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u>		Number of children including this one living <u>6</u> dead <u>0</u> still-born <u>0</u>		Number of children including this one living <u>6</u> dead <u>0</u> still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>John Graydon</u>		Name of Informant <u>Walter D. Stevenson</u>		Name of Informant <u>Walter D. Stevenson</u>	
Address <u>Englewood</u>		Address <u>Englewood</u>		Address <u>Englewood</u>	
Name of Physician in attendance <u>Dr. Carpenter</u>		Name of Physician in attendance <u>Dr. Carpenter</u>		Name of Physician in attendance <u>Dr. Carpenter</u>	
Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>June 16/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>July 4/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>July 4/23</u>
No. 8		No. 9		No. 10	
County <u>Oldham</u> Municipality <u>Englewood</u>		County <u>Oldham</u> Municipality <u>Englewood</u>		County <u>Oldham</u> Municipality <u>Englewood</u>	
Street and Number or Cor. and Lot <u>James Street</u>		Street and Number or Cor. and Lot <u>Walter Street</u>		Street and Number or Cor. and Lot <u>Walter Street</u>	
Surname <u>Waldenholme</u>		Surname <u>Taylor</u>		Surname <u>Kirwin</u>	
Given names in full <u>Paula</u>		Given names in full <u>Vincent Paul</u>		Given names in full <u>Paula</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>July 17th 1923</u>		Date of Birth <u>June 19/23</u>		Date of Birth <u>June 11th 1923</u>	
Full name <u>Paula Waldenholme</u>		Full name <u>Vincent Paul Taylor</u>		Full name <u>Paula Kirwin</u>	
Usual residence <u>Waldenholme</u>		Usual residence <u>Englewood</u>		Usual residence <u>Englewood</u>	
Racial origin <u>English</u>		Racial origin <u>English</u>		Racial origin <u>Canadian</u>	
Trade or Profession <u>Balance</u>		Trade or Profession <u>-</u>		Trade or Profession <u>Operator</u>	
Kind of industry or business in which employed <u>Bank</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>Telegraph</u>	
Full maiden name <u>Minnie Crump</u>		Full maiden name <u>Mrs. Vincent Taylor</u>		Full maiden name <u>Mae Hennessey</u>	
Usual residence <u>Waldenholme</u>		Usual residence <u>Englewood</u>		Usual residence <u>Englewood</u>	
Racial origin <u>English</u>		Racial origin <u>English</u>		Racial origin <u>Canadian</u>	
Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u>		Number of children including this one living <u>4</u> dead <u>0</u> still-born <u>0</u>		Number of children including this one living <u>4</u> dead <u>0</u> still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Paul Waldenholme</u>		Name of Informant <u>Mrs. Andrew Taylor</u>		Name of Informant <u>Leo Kirwin</u>	
Address <u>Englewood</u>		Address <u>Englewood</u>		Address <u>Englewood</u>	
Name of Physician in attendance <u>Dr. Macdonald</u>		Name of Physician in attendance <u>Dr. Carpenter</u>		Name of Physician in attendance <u>Dr. Carpenter</u>	
Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>July 7/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>June 17/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>July 4/23</u>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1923

W. S. Smith D. R.



Edman meathere, water nicholas meathere, mie jorens roy, robertson adams, john adams, marthy martin, harold roy stone, roy william stone, frances may stone, helen marjory routledge, arthur william routledge, beatrice underwood, doris applena griffin, william henry griffin,

# BIRTHS

County of Jefferson

Division of Registers

No. 11			No. 12			No. 13					
County <u>Jefferson</u> Municipality <u>Greene</u>			County <u>Jefferson</u> Municipality <u>Greene</u>			County <u>Jefferson</u> Municipality <u>Greene</u>					
Street and Number <u>1000 Louisiana Street</u> or Con. and Lot (If in hospital, give name instead of street)			Street and Number <u>Barrie Street</u> or Con. and Lot (If in hospital, give name instead of street)			Street and Number <u>Barrie Street</u> or Con. and Lot (If in hospital, give name instead of street)					
Surname <u>Marshall</u>			Surname <u>Adams</u>			Surname <u>Routledge</u>					
Given names in full <u>Donald Peterson</u>			Given names in full <u>Mary Robertson</u>			Given names in full <u>Helen Marjory</u>					
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>July 3rd 1923</u>			Date of Birth <u>June 26th 1923</u>			Date of Birth <u>July 17th 1923</u>					
FATHER Full name <u>Joseph Bealy Marshall</u> Usual residence <u>Greene</u> Racial origin <u>English</u> Birth-place <u>Greene</u> Occupation <u>Farming</u>			FATHER Full name <u>John Adams</u> Usual residence <u>Greene</u> Racial origin <u>Scottish</u> Birth-place <u>Scotland</u> Occupation <u>Engineer</u>			FATHER Full name <u>Arthur William Routledge</u> Usual residence <u>Greene</u> Racial origin <u>English</u> Birth-place <u>England</u> Occupation <u>None</u>					
MOTHER Full maiden name <u>Alta Revena Morris</u> Usual residence <u>Greene</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>2</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>			MOTHER Full maiden name <u>Marthy Martin</u> Usual residence <u>Greene</u> Racial origin <u>Scottish</u> Birth-place <u>Scotland</u> Number of children including this one living <u>0</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>			MOTHER Full maiden name <u>Elizabeth Underwood</u> Usual residence <u>Greene</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>3</u> dead <u>1</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>					
Name of Informant <u>Violet Stevenson</u>			Name of Informant <u>Martha Adams</u>			Name of Informant <u>Mrs J Underwood</u>					
Address <u>Greene</u>			Address <u>Greene</u>			Address <u>Greene</u>					
Name of Physician in attendance <u>Dr Williams</u>			Name of Physician in attendance <u>Dr Larnach</u>			Name of Physician in attendance <u>Dr Larnach</u>					
Date of receipt of Physician's notice <u>Yes</u>			Date of receipt of parent's registration <u>July 4/23</u>			Date of receipt of Physician's notice <u>Yes</u>					
Date of receipt of parent's registration <u>July 4/23</u>			Date of receipt of parent's registration <u>June 26/23</u>			Date of receipt of parent's registration <u>July 7/23</u>					
No. 14			No. 15			No. 16					
County <u>Jefferson</u> Municipality <u>Greene</u>			County <u>Jefferson</u> Municipality <u>Greene</u>			County <u>Jefferson</u> Municipality <u>Greene</u>					
Street and Number <u>1000 Louisiana Street</u> or Con. and Lot (If in hospital, give name instead of street)			Street and Number <u>1000 Louisiana Street</u> or Con. and Lot (If in hospital, give name instead of street)			Street and Number <u>Antebury Street</u> or Con. and Lot (If in hospital, give name instead of street)					
Surname <u>Marshall</u>			Surname <u>Stone</u>			Surname <u>Griffin</u>					
Given names in full <u>Howard William</u>			Given names in full <u>Marcel Roy</u>			Given names in full <u>Doris Applena</u>					
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>July 11th 1923</u>			Date of Birth <u>July 14th 1923</u>			Date of Birth <u>July 1st 1923</u>					
FATHER Full name <u>Walter Nicholas Marshall</u> Usual residence <u>Culman</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Occupation <u>Miller</u>			FATHER Full name <u>Ray William Stone</u> Usual residence <u>Missouri</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Occupation <u>Farmer</u>			FATHER Full name <u>William Henry Griffin</u> Usual residence <u>Greene</u> Racial origin <u>Irish</u> Birth-place <u>Greene</u> Occupation <u>Garage</u>					
MOTHER Full maiden name <u>Clair Corretta Waller</u> Usual residence <u>Culman</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>3</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>			MOTHER Full maiden name <u>Frances May Stone</u> Usual residence <u>Missouri</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>			MOTHER Full maiden name <u>Mary Applena McGee</u> Usual residence <u>Greene</u> Racial origin <u>Scottish</u> Birth-place <u>Ontario</u> Number of children including this one living <u>4</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>					
Name of Informant <u>Violet Stevenson</u>			Name of Informant <u>Violet Stevenson</u>			Name of Informant <u>Mary Applena Griffin</u>					
Address <u>Greene</u>			Address <u>Greene</u>			Address <u>Greene</u>					
Name of Physician in attendance <u>Dr Williams</u>			Name of Physician in attendance <u>Dr Williams</u>			Name of Physician in attendance <u>Dr Larnach</u>					
Date of receipt of Physician's notice <u>Yes</u>			Date of receipt of parent's registration <u>July 11/23</u>			Date of receipt of Physician's notice <u>Yes</u>					
Date of receipt of parent's registration <u>July 11/23</u>			Date of receipt of parent's registration <u>No</u>			Date of receipt of parent's registration <u>July 1/23</u>					

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1923

[Signature] D. R.



# BIRTHS

cecl hutson, james hutson, louisa watkins, james edwin bowes, harold edwin bowes, ruth murray, margaret irene magee, james dean magee, amelia windrod ulmrod winters

County of Alford Division of Ingersoll

No. 2		No. 3		No. 4	
County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number or Con. and Lot <u>1000 Street</u> (If in hospital, give name instead of street)		County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number or Con. and Lot <u>King Street</u> (If in hospital, give name instead of street)		County <u>Alford</u> Municipality <u>Ingersoll</u> Street and Number or Con. and Lot <u>Chatham Street</u> (If in hospital, give name instead of street)	
Surname <u>Wilson</u>		Surname <u>Cumler</u>		Surname <u>Boeves</u>	
Given names in full <u>Ernest Clifford</u>		Given names in full <u>James Eileen</u>		Given names in full <u>James Edwin</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	
Date of Birth <u>July 6th 1923</u>		Date of Birth <u>July 14th 1923</u>		Date of Birth <u>July 29th 1923</u>	
<b>FATHER</b> Full name <u>Ernest Albert Wilson</u> Usual residence <u>Ingersoll</u> Age last birthday <u>43</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Manufacturer</u> Kind of industry or business in which employed <u>Steel</u>		<b>FATHER</b> Full name <u>John W Cumler</u> Usual residence <u>Ingersoll</u> Age last birthday <u>46</u> Racial origin <u>Canadian</u> Birth-place <u>Ontario</u> Trade or Profession <u>Physician</u> Kind of industry or business in which employed <u>-</u>		<b>FATHER</b> Full name <u>Richard Edwin Boeves</u> Usual residence <u>Winnipeg, Man.</u> Age last birthday <u>26</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Trade or Profession <u>Teacher</u> Kind of industry or business in which employed <u>-</u>	
<b>MOTHER</b> Full maiden name <u>Sarah Maud Wilson</u> Usual residence <u>Ingersoll</u> Age last birthday <u>43</u> Racial origin <u>English</u> Birth-place <u>Canada</u> Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		<b>MOTHER</b> Full maiden name <u>William Blanche Richardson</u> Usual residence <u>Ingersoll</u> Age last birthday <u>40</u> Racial origin <u>English</u> Birth-place <u>Ingersoll</u> Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		<b>MOTHER</b> Full maiden name <u>Ruth Murray</u> Usual residence <u>Winnipeg, Man.</u> Age last birthday <u>26</u> Racial origin <u>Scottish</u> Birth-place <u>Ingersoll</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>E. Wilson</u>		Name of Informant <u>J. W. Cumler</u>		Name of Informant <u>Ed Boeves</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Winnipeg, Man.</u>	
Name of Physician in attendance <u>Dr. Rogers</u>		Name of Physician in attendance <u>Dr. Cumler</u>		Name of Physician in attendance <u>Dr. Rogers</u>	
Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>July 9/23</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>July 14/23</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>July 29/23</u>	
County <u>Alford</u> Municipality <u>Ingersoll</u>		County <u>Alford</u> Municipality <u>Ingersoll</u>		County <u>Alford</u> Municipality <u>Ingersoll</u>	
Street and Number or Con. and Lot <u>1000 Street</u>		Street and Number or Con. and Lot <u>King Street</u>		Street and Number or Con. and Lot <u>Chatham Street</u>	
Surname <u>Cole</u>		Surname <u>Hutson</u>		Surname <u>Magee</u>	
Given names in full <u>Harold Elmer</u>		Given names in full <u>Donald Cecil</u>		Given names in full <u>Margaret Irene</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	
Date of Birth <u>Aug 11th 1923</u>		Date of Birth <u>July 30th 1923</u>		Date of Birth <u>August 2nd 1923</u>	
<b>FATHER</b> Full name <u>Harry Elmer Cole</u> Usual residence <u>Ingersoll</u> Age last birthday <u>26</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Trade or Profession <u>Carpenter</u> Kind of industry or business in which employed <u>Store-keeper</u>		<b>FATHER</b> Full name <u>James Hutson</u> Usual residence <u>Ingersoll</u> Age last birthday <u>30</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Teacher</u> Kind of industry or business in which employed <u>-</u>		<b>FATHER</b> Full name <u>James Dean Magee</u> Usual residence <u>Ingersoll</u> Age last birthday <u>43</u> Racial origin <u>Irish</u> Birth-place <u>Ontario</u> Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>Mills Condenser</u>	
<b>MOTHER</b> Full maiden name <u>Velma Elvira Arnes</u> Usual residence <u>Ingersoll</u> Age last birthday <u>23</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>1</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		<b>MOTHER</b> Full maiden name <u>Louisa Elizabeth</u> Usual residence <u>Ingersoll</u> Age last birthday <u>40</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>9</u> dead <u>3</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		<b>MOTHER</b> Full maiden name <u>Amelia Elmhurst Griffiths</u> Usual residence <u>Ingersoll</u> Age last birthday <u>27</u> Racial origin <u>English</u> Birth-place <u>Ingersoll</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Harry E Cole</u>		Name of Informant <u>Louisa Hutson</u>		Name of Informant <u>Jas D. Magee</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Arnes</u>		Name of Physician in attendance <u>Dr. Cumler</u>		Name of Physician in attendance <u>Dr. Cumler</u>	
Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Aug 16/23</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>July 30/23</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Aug 2/23</u>	

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I hereby certify that the above are correct registrations of Births filed with me during the month of August 1923

W. Arnes D. R.



# BIRTHS

County of Alford

Division of Yugoness

County Alford Municipality Yugoness No. 3  
 Street and Number or Con. and Lot Alexandra Street  
 Surname Kempkin  
 Given names in full Mary Grace  
 Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes Are the parents married? Yes  
 Date of Birth Sept 2nd 1923  
 FATHER: Full name Walker Amos Kempkin Usual residence Yugoness Racial origin German Birth-place Ontario Trade or Profession Mechanic Kind of industry or business in which employed Screw Works  
 MOTHER: Full maiden name Esther Maud Russell Usual residence Yugoness Racial origin English Birth-place Ontario Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant W. A. Kempkin Address Yugoness Name of Physician in attendance Dr. Williams Date of receipt of Physician's notice Yes Date of receipt of parent's registration Sept 11/23

County Alford Municipality Yugoness No. 4  
 Street and Number or Con. and Lot Alexandra Street  
 Surname Cousins  
 Given names in full Donald Elsworth  
 Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Are the parents married? No  
 Date of Birth Sept 12th 1923  
 FATHER: Full name Neil Cousins Usual residence - Racial origin - Birth-place - Trade or Profession - Kind of industry or business in which employed -  
 MOTHER: Full maiden name Rita Salope Cousins Usual residence Yugoness Racial origin English Birth-place Ontario Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties School girl

Name of Informant Ang. Chace Address Yugoness Name of Physician in attendance Dr. Lantier Date of receipt of Physician's notice Yes Date of receipt of parent's registration Sept 17/23

County Alford Municipality Yugoness No. 5  
 Street and Number or Con. and Lot King Street  
 Surname Bigham  
 Given names in full Ronald Burness  
 Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Are the parents married? Yes  
 Date of Birth Sept 20th 1923  
 FATHER: Full name Ross Bertlin Bigham Usual residence Yugoness Racial origin English Birth-place Ontario Trade or Profession Confectioneer Kind of industry or business in which employed Sweetens Only  
 MOTHER: Full maiden name Burness Mildred Greenaway Usual residence Yugoness Racial origin English Birth-place Yugoness Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Ross B. Bigham Address Yugoness Name of Physician in attendance Dr. Lantier Date of receipt of Physician's notice Yes Date of receipt of parent's registration Sept 21/23

County Alford Municipality Yugoness No. 6  
 Street and Number or Con. and Lot King Street  
 Surname Holmes  
 Given names in full Albert Edward  
 Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Are the parents married? Yes  
 Date of Birth Sept 21st 1923  
 FATHER: Full name Benjamin Frederick Holmes Usual residence Yugoness Racial origin English Birth-place England Trade or Profession Telephone Kind of industry or business in which employed Line Chief  
 MOTHER: Full maiden name Frances Marjorie Trotter Usual residence Yugoness Racial origin Canadian Birth-place Ontario Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant B. F. Holmes Address Yugoness Name of Physician in attendance Dr. Lantier Date of receipt of Physician's notice Yes Date of receipt of parent's registration Sept 21/23

County Alford Municipality Yugoness No. 7  
 Street and Number or Con. and Lot Ontario Street  
 Surname Hill  
 Given names in full William Henry  
 Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Are the parents married? Yes  
 Date of Birth Aug 31st 1923  
 FATHER: Full name William Henry Hill Usual residence Yugoness Racial origin English Birth-place England Trade or Profession Labourer Kind of industry or business in which employed -  
 MOTHER: Full maiden name Sarahy Lena Chudney Usual residence Yugoness Racial origin English Birth-place England Number of children including this one living 3 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Sarahy Lena Hill Address Yugoness Name of Physician in attendance Dr. Lantier Date of receipt of Physician's notice Yes Date of receipt of parent's registration Aug 31/23

County Alford Municipality Yugoness No. 8  
 Street and Number or Con. and Lot King Street  
 Surname Bigham  
 Given names in full Ronald Burness  
 Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes Are the parents married? Yes  
 Date of Birth Sept 21st 1923  
 FATHER: Full name Ross Bertlin Bigham Usual residence Yugoness Racial origin English Birth-place Ontario Trade or Profession Confectioneer Kind of industry or business in which employed Sweetens Only  
 MOTHER: Full maiden name Burness Mildred Greenaway Usual residence Yugoness Racial origin English Birth-place Yugoness Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Ross B. Bigham Address Yugoness Name of Physician in attendance Dr. Lantier Date of receipt of Physician's notice Yes Date of receipt of parent's registration Sept 21/23

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I hereby certify that the above are correct registrations of Births filed with me during the month of Sept 1923

W. A. Kempkin D. R.



# BIRTHS

County of Alford Division of Sugarsville

No. 5		No. 11		No. 10	
County <u>Alford</u> Municipality <u>Sugarsville</u> Street and Number <u>Charles Street</u> or Cor. and Lot (If in hospital, give name (instead of street))		County <u>Alford</u> Municipality <u>Sugarsville</u> Street and Number <u>Charles Street</u> or Cor. and Lot (If in hospital, give name (instead of street))		County <u>Alford</u> Municipality <u>Sugarsville</u> Street and Number <u>Charles Street</u> or Cor. and Lot (If in hospital, give name (instead of street))	
Surname <u>Westlake</u>		Surname <u>Bayne</u>		Surname <u>Sutherland</u>	
Given names in full <u>Ronald Eugene</u>		Given names in full <u>Russell George</u>		Given names in full <u>Carl Bruce</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	
Date of Birth <u>Aug 4th 1923</u>		Date of Birth <u>Aug 10th 1923</u>		Date of Birth <u>Aug 11th 1923</u>	
Full name <u>William Rubin Westlake</u> Usual residence <u>Sugarsville</u> Age last birthday <u>4-0</u>		Full name <u>Russell George Bayne</u> Usual residence <u>Sugarsville</u> Age last birthday <u>3</u>		Full name <u>Hugh Anderson Sutherland</u> Usual residence <u>West Gana</u> Age last birthday <u>3-6</u>	
Racial origin <u>English</u> Birth-place <u>England</u>		Racial origin <u>English</u> Birth-place <u>Sugarsville</u>		Racial origin <u>Scottish</u> Birth-place <u>Ontario</u>	
Occupation <u>Life Saver</u> Kind of industry or business in which employed <u>Wrenn Works</u>		Occupation <u>Truck Operator</u> Kind of industry or business in which employed <u>Truck Factory</u>		Occupation <u>Farmer</u> Kind of industry or business in which employed <u>-</u>	
Full maiden name <u>Adena Elizabeth Eyrans</u> Usual residence <u>Sugarsville</u> Age last birthday <u>32</u>		Full maiden name <u>Margie Marie Murray</u> Usual residence <u>Sugarsville</u> Age last birthday <u>2-0</u>		Full maiden name <u>Mary E. Sillit</u> Usual residence <u>West Gana</u> Age last birthday <u>39</u>	
Racial origin <u>English</u> Birth-place <u>England</u>		Racial origin <u>English</u> Birth-place <u>Sugarsville</u>		Racial origin <u>English</u> Birth-place <u>Michigan</u>	
Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Wm. A. Westlake</u>		Name of Informant <u>Russell George Bayne</u>		Name of Informant <u>Walter Stevenson</u>	
Address <u>Sugarsville</u>		Address <u>Sugarsville</u>		Address <u>Sugarsville</u>	
Name of Physician in attendance <u>D. Williams</u>		Name of Physician in attendance <u>D. Williams</u>		Name of Physician in attendance <u>D. Williams</u>	
Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Aug 11/23</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Aug 11/23</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Aug 11/23</u>	
No. <u>11</u>		No. <u>1</u>		No. <u>2</u>	
County <u>Alford</u> Municipality <u>Sugarsville</u> Street and Number <u>Charles Street</u> or Cor. and Lot (If in hospital, give name (instead of street))		County <u>Alford</u> Municipality <u>Sugarsville</u> Street and Number <u>Charles Street</u> or Cor. and Lot (If in hospital, give name (instead of street))		County <u>Alford</u> Municipality <u>Sugarsville</u> Street and Number <u>Charles Street</u> or Cor. and Lot (If in hospital, give name (instead of street))	
Surname <u>Milford</u>		Surname <u>Dryden</u>		Surname <u>Buck</u>	
Given names in full <u>George Earl</u>		Given names in full <u>William Dryden</u>		Given names in full <u>Amesht Edward</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	
Date of Birth <u>Aug 10th 1923</u>		Date of Birth <u>Aug 30th 1923</u>		Date of Birth <u>Aug 15th 1923</u>	
Full name <u>George Earl Milford</u> Usual residence <u>West Alford</u> Age last birthday <u>3-4</u>		Full name <u>William Dryden</u> Usual residence <u>Sugarsville</u> Age last birthday <u>4-6</u>		Full name <u>Amesht Edward Buck</u> Usual residence <u>Sugarsville</u> Age last birthday <u>2-1</u>	
Racial origin <u>English</u> Birth-place <u>Ontario</u>		Racial origin <u>Canadian</u> Birth-place <u>Canada</u>		Racial origin <u>English</u> Birth-place <u>Ontario</u>	
Occupation <u>Farmer</u> Kind of industry or business in which employed <u>-</u>		Occupation <u>Shipper</u> Kind of industry or business in which employed <u>-</u>		Occupation <u>Machinist</u> Kind of industry or business in which employed <u>Screw Works</u>	
Full maiden name <u>Gene May Shuttleworth</u> Usual residence <u>West Alford</u> Age last birthday <u>33</u>		Full maiden name <u>Kelley Archer</u> Usual residence <u>Sugarsville</u> Age last birthday <u>38</u>		Full maiden name <u>Marion James Johnson</u> Usual residence <u>Sugarsville</u> Age last birthday <u>19</u>	
Racial origin <u>English</u> Birth-place <u>Ontario</u>		Racial origin <u>Canadian</u> Birth-place <u>Canada</u>		Racial origin <u>English</u> Birth-place <u>Ontario</u>	
Number of children including this one living <u>X</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>2</u> dead <u>1</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Walter Stevenson</u>		Name of Informant <u>Wm. Dryden</u>		Name of Informant <u>Marion James Johnson</u>	
Address <u>Sugarsville</u>		Address <u>Sugarsville</u>		Address <u>Sugarsville</u>	
Name of Physician in attendance <u>D. Williams</u>		Name of Physician in attendance <u>D. Williams</u>		Name of Physician in attendance <u>D. Williams</u>	
Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Aug 13/23</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Aug 11/23</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Aug 15/23</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of Aug 21st 1923

D. R.



# BIRTHS

branscombe ord, redman ord, linda marian seward tydings, gregor william alexander thom, margaret mcgregor mckillop, jean margaret humphreys, victor humphreys, annie margaret acton, nettie isabelle raccarty, norman claudie roccarty, robert winlaw muir, john rattery rattray muir, elda getrude winlaw

County of Offord

Division of Ingersoll

No. 1		No. 2		No. 3	
County <u>Offord</u> Municipality <u>Ingersoll</u>		County <u>Offord</u> Municipality <u>Ingersoll</u>		County <u>Offord</u> Municipality <u>Ingersoll</u>	
Street and Number or Con. and Lot <u>Wellington Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Richmond Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>King Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Wilson</u>		Surname <u>Shan</u>		Surname <u>McCarthy</u>	
Given names in full <u>Margaret Agnes</u>		Given names in full <u>Bessie Victoria</u>		Given names in full <u>Nettie Isabella</u>	
Sex (M. or F.) <u>F</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>yes</u> Are the parents married? <u>yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>yes</u> Are the parents married? <u>yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>yes</u> Are the parents married? <u>yes</u>	
Date of Birth <u>Sept 26th 1923</u>		Date of Birth <u>Sept 27th 1923</u>		Date of Birth <u>Sept 2nd 1923</u>	
FATHER: Full name <u>Arthur C. Wilson</u> Usual residence <u>West Offord</u> Age last birthday <u>31</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>-</u>		FATHER: Full name <u>Alexander Shan</u> Usual residence <u>Sharnford</u> Age last birthday <u>31</u> Racial origin <u>Scottish</u> Birth-place <u>Scotland</u> Trade or Profession <u>Barber</u> Kind of industry or business in which employed <u>-</u>		FATHER: Full name <u>Norman Claud McCarthy</u> Usual residence <u>Ingersoll</u> Age last birthday <u>29</u> Racial origin <u>Irish</u> Birth-place <u>Ontario</u> Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>See Business</u>	
MOTHER: Full maiden name <u>Beatrice Lawrence Foster</u> Usual residence <u>West Offord</u> Age last birthday <u>36</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Margaret Mary McKeel</u> Usual residence <u>Sharnford</u> Age last birthday <u>31</u> Racial origin <u>Scottish</u> Birth-place <u>Scotland</u> Number of children including this one living <u>2</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Felicitas Cray</u> Usual residence <u>Ingersoll</u> Age last birthday <u>20</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Agnes Foster</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Rogers</u> Date of receipt of Physician's notice <u>yes</u> Date of receipt of parent's registration <u>Sept 27/23</u>		Name of Informant <u>Ade C. Hedges</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. J. Moffat Blair</u> Date of receipt of Physician's notice <u>yes</u> Date of receipt of parent's registration <u>Sept 29/23</u>		Name of Informant <u>Norman Claud McCarthy</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Williams</u> Date of receipt of Physician's notice <u>yes</u> Date of receipt of parent's registration <u>Sept 4/23</u>	
No. 4		No. 5		No. 6	
County <u>Offord</u> Municipality <u>Ingersoll</u>		County <u>Offord</u> Municipality <u>Ingersoll</u>		County <u>Offord</u> Municipality <u>Ingersoll</u>	
Street and Number or Con. and Lot <u>Richmond Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Richmond Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Richmond Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Ord</u>		Surname <u>Humphreys</u>		Surname <u>Muir</u>	
Given names in full <u>Marian Adelaide Branscombe</u>		Given names in full <u>Jean Margaret</u>		Given names in full <u>Robert Edwin</u>	
Sex (M. or F.) <u>F</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>yes</u> Are the parents married? <u>yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>yes</u> Are the parents married? <u>yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>yes</u> Are the parents married? <u>yes</u>	
Date of Birth <u>Sept 17th 1923</u>		Date of Birth <u>Sept 27th 1923</u>		Date of Birth <u>Sept 26th 1923</u>	
FATHER: Full name <u>Branscombe Edwin Ord</u> Usual residence <u>Ingersoll</u> Age last birthday <u>25</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Trade or Profession <u>Electrical Engineer</u> Kind of industry or business in which employed <u>Machine Co.</u>		FATHER: Full name <u>Victor Humphreys</u> Usual residence <u>Sharnford</u> Age last birthday <u>23</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Labourer</u> Kind of industry or business in which employed <u>-</u>		FATHER: Full name <u>John Rattery Muir</u> Usual residence <u>Ingersoll</u> Age last birthday <u>25</u> Racial origin <u>Scottish</u> Birth-place <u>Ingersoll</u> Trade or Profession <u>Steel Worker</u> Kind of industry or business in which employed <u>-</u>	
MOTHER: Full maiden name <u>Linda Marian Seward Tydings</u> Usual residence <u>Ingersoll</u> Age last birthday <u>19</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Janie Margaret Detan</u> Usual residence <u>Sharnford</u> Age last birthday <u>24</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>3</u> dead <u>1</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER: Full maiden name <u>Elda Gertrude Winlaw</u> Usual residence <u>Ingersoll</u> Age last birthday <u>23</u> Racial origin <u>Scottish</u> Birth-place <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Ade C. Hedges</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Rogers</u> Date of receipt of Physician's notice <u>yes</u> Date of receipt of parent's registration <u>Sept 17/23</u>		Name of Informant <u>Ade C. Hedges</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. M. Blair</u> Date of receipt of Physician's notice <u>yes</u> Date of receipt of parent's registration <u>Sept 29/23</u>		Name of Informant <u>Ade C. Hedges</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Williams</u> Date of receipt of Physician's notice <u>yes</u> Date of receipt of parent's registration <u>Sept 26/23</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of October, 1923

D. R.



# BIRTHS

James William Carter, Percy ... Weston, Florence Mary Howlett, Florence Louise Banks, William ... James Gordon Grieve, Clarence Grieve, Gladys May Bowman, Donald Gordon Garland, ... Garland, Rosetta Mary Bowering, Ellen Louise Butler, Irwin Butler, Edna Mae Harris

County of Offord Division of Yugorace

No. 7	No. 8	No. 9
County <u>Offord</u> Municipality <u>Yugorace</u> Street and Number <u>James St</u> or Cor. and Lot (If in hospital, give name instead of street)	County <u>Offord</u> Municipality <u>Yugorace</u> Street and Number <u>James St</u> or Cor. and Lot (If in hospital, give name instead of street)	County <u>Offord</u> Municipality <u>Yugorace</u> Street and Number <u>Samberton St</u> or Cor. and Lot (If in hospital, give name instead of street)
Surname <u>Carter</u>	Surname <u>Tanks</u>	Surname <u>Barland</u>
Given names in full <u>Rosetta Mary</u>	Given names in full <u>Florence Louise</u>	Given names in full <u>Donald Gordon</u>
Sex (M. or F.) <u>M</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>
Date of Birth <u>Sept 12th 1923</u>	Date of Birth <u>Oct 2nd 1923</u>	Date of Birth <u>Sept 14th 1923</u>
<b>FATHER</b> Full name <u>Henry James Carter</u> Usual residence <u>Yugorace</u> Age last birthday <u>23</u> Racial origin <u>Canadian Ontario</u> Birth-place <u>Ontario</u> Occupation <u>Operator</u> Kind of industry or business in which employed <u>Theatre</u>	<b>FATHER</b> Full name <u>William John Tanks</u> Usual residence <u>Yugorace</u> Age last birthday <u>24</u> Racial origin <u>English</u> Birth-place <u>England</u> Occupation <u>Machine hand</u> Kind of industry or business in which employed <u>Shoes &amp; Hats</u>	<b>FATHER</b> Full name <u>Robert Arthur Barland</u> Usual residence <u>Yugorace</u> Age last birthday <u>35</u> Racial origin <u>English</u> Birth-place <u>England</u> Occupation <u>Truck Driver</u> Kind of industry or business in which employed <u>-</u>
<b>MOTHER</b> Full maiden name <u>Edna May Hopkins</u> Usual residence <u>Yugorace</u> Age last birthday <u>24</u> Racial origin <u>Canadian Ontario</u> Birth-place <u>Ontario</u> Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	<b>MOTHER</b> Full maiden name <u>Gladys Chestman</u> Usual residence <u>Yugorace</u> Age last birthday <u>21</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	<b>MOTHER</b> Full maiden name <u>Rosetta Mary Bowering</u> Usual residence <u>Yugorace</u> Age last birthday <u>35</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>X</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>
Name of Informant <u>Henry James Carter</u>	Name of Informant <u>W. J. Tanks</u>	Name of Informant <u>R. Barland</u>
Address <u>Yugorace</u>	Address <u>Yugorace</u>	Address <u>Yugorace</u>
Name of Physician in attendance <u>D. Cameron</u>	Name of Physician in attendance <u>D. Cameron</u>	Name of Physician in attendance <u>D. McDonald</u>
Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Sept 12th 1923</u>	Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Oct 2nd 1923</u>	Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Sept 14th 1923</u>
No. 10	No. 11	No. 12
County <u>Offord</u> Municipality <u>Yugorace</u> Street and Number <u>James St</u> or Cor. and Lot (If in hospital, give name instead of street)	County <u>Offord</u> Municipality <u>Yugorace</u> Street and Number <u>James St</u> or Cor. and Lot (If in hospital, give name instead of street)	County <u>Offord</u> Municipality <u>Yugorace</u> Street and Number <u>James St</u> or Cor. and Lot (If in hospital, give name instead of street)
Surname <u>Wheaton</u>	Surname <u>Grieve</u>	Surname <u>Butler</u>
Given names in full <u>Donald George</u>	Given names in full <u>Clarence</u>	Given names in full <u>Irwin</u>
Sex (M. or F.) <u>M</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <input type="checkbox"/> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>
Date of Birth <u>Sept 26th 1923</u>	Date of Birth <u>Oct 5th 1923</u>	Date of Birth <u>Oct 13th 1923</u>
<b>FATHER</b> Full name <u>Donald George Wheaton</u> Usual residence <u>Yugorace</u> Age last birthday <u>19</u> Racial origin <u>English</u> Birth-place <u>England</u> Occupation <u>Labourer</u> Kind of industry or business in which employed <u>-</u>	<b>FATHER</b> Full name <u>Clarence Grieve</u> Usual residence <u>Yugorace</u> Age last birthday <u>26</u> Racial origin <u>British</u> Birth-place <u>Ontario</u> Occupation <u>Merchant</u> Kind of industry or business in which employed <u>Food &amp; Fuel</u>	<b>FATHER</b> Full name <u>Irwin Butler</u> Usual residence <u>Yugorace</u> Age last birthday <u>41</u> Racial origin <u>British</u> Birth-place <u>Ontario</u> Occupation <u>Garage</u> Kind of industry or business in which employed <u>-</u>
<b>MOTHER</b> Full maiden name <u>Florence Mary Howlett</u> Usual residence <u>Yugorace</u> Age last birthday <u>18</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	<b>MOTHER</b> Full maiden name <u>Gladys May Bowman</u> Usual residence <u>Yugorace</u> Age last birthday <u>21</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	<b>MOTHER</b> Full maiden name <u>Edna Mae Hopkins</u> Usual residence <u>Yugorace</u> Age last birthday <u>35</u> Racial origin <u>Irish</u> Birth-place <u>Ontario</u> Number of children including this one living <u>X</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>
Name of Informant <u>Florence Mary Wheaton</u>	Name of Informant <u>Clarence Grieve</u>	Name of Informant <u>Edna M. Hopkins</u>
Address <u>Yugorace</u>	Address <u>Yugorace</u>	Address <u>Yugorace</u>
Name of Physician in attendance <u>D. McDonald</u>	Name of Physician in attendance <u>D. Cameron</u>	Name of Physician in attendance <u>D. Cameron</u>
Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Sept 26th 1923</u>	Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Oct 5th 1923</u>	Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Oct 13th 1923</u>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of October 1923

W. J. Tanks D.R.



# BIRTHS

County of Jefferson

Division of Virginia

No. 7

County Jefferson Municipality Virginia  
 Street and Number Richmond Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Regan

Given names in full Bruce Frank

Sex (M. or F.) M Twin or Triplet  Was child born alive Yes Are the parents married? Yes

Date of Birth Nov 1st 1923

**FATHER**  
 Full name James William Regan Age last birthday 26  
 Usual residence Virginia  
 Racial origin Irish Birth-place Ontario  
 Trade or Profession Mechanic  
 Kind of industry or business in which employed Salesman

**MOTHER**  
 Full maiden name Ann Marie Uelt Age last birthday 24  
 Usual residence Virginia  
 Racial origin Scottish Birth-place Ontario  
 Number of children including this one living 2 dead 0 still-born 0  
 Occupation, if other than household duties

Name of Informant Ada L. Hedges  
 Address Virginia  
 Name of Physician in attendance Dr. Larnish  
 Date of receipt of Physician's notice Yes Date of receipt of parent's registration Nov 1/23

No. 8

County Jefferson Municipality Virginia  
 Street and Number Richmond Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Shaddock

Given names in full Donald Joseph

Sex (M. or F.) M Twin or Triplet  Was child born alive Yes Are the parents married? Yes

Date of Birth Nov 7th 1923

**FATHER**  
 Full name Frederick Earl Shaddock Age last birthday 27  
 Usual residence Landon  
 Racial origin Irish Birth-place Ontario  
 Trade or Profession Accountant  
 Kind of industry or business in which employed

**MOTHER**  
 Full maiden name Annie Capitala Brummer Age last birthday 30  
 Usual residence Landon  
 Racial origin Irish Birth-place Ontario  
 Number of children including this one living 5 dead 0 still-born 0  
 Occupation, if other than household duties

Name of Informant Ed E. Shaddock  
 Address Landon  
 Name of Physician in attendance Dr. Larnish  
 Date of receipt of Physician's notice Yes Date of receipt of parent's registration Nov 7/23

No. 9

County Jefferson Municipality Virginia  
 Street and Number Richmond Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Crane

Given names in full Megan Beatrice

Sex (M. or F.) F Twin or Triplet  Was child born alive Yes Are the parents married? Yes

Date of Birth Nov 1st 1923

**FATHER**  
 Full name John William Crane Age last birthday 40  
 Usual residence Virginia  
 Racial origin English Birth-place England  
 Trade or Profession Fire Man  
 Kind of industry or business in which employed Delphian

**MOTHER**  
 Full maiden name Lenora May Case Age last birthday 37  
 Usual residence Virginia  
 Racial origin Irish Birth-place Canada  
 Number of children including this one living 6 dead 0 still-born 0  
 Occupation, if other than household duties

Name of Informant Ada L. Hedges  
 Address Virginia  
 Name of Physician in attendance Dr. Furlong  
 Date of receipt of Physician's notice Yes Date of receipt of parent's registration Nov 1/23

No. 10

County Jefferson Municipality Virginia  
 Street and Number Richmond Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Siclauer

Given names in full Valeria Grace

Sex (M. or F.) F Twin or Triplet  Was child born alive Yes Are the parents married? Yes

Date of Birth Nov 2nd 1923

**FATHER**  
 Full name Walter Thomas Siclauer Age last birthday 40  
 Usual residence Virginia  
 Racial origin English Birth-place England  
 Trade or Profession Section Man  
 Kind of industry or business in which employed Rail-road

**MOTHER**  
 Full maiden name Caroline Jones Age last birthday 32  
 Usual residence Virginia  
 Racial origin English Birth-place Canada  
 Number of children including this one living 2 dead 0 still-born 0  
 Occupation, if other than household duties

Name of Informant Ada L. Hedges  
 Address Virginia  
 Name of Physician in attendance Dr. Larnish  
 Date of receipt of Physician's notice Yes Date of receipt of parent's registration Nov 2/23

No. 11

County Jefferson Municipality Virginia  
 Street and Number Victoria Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Craig

Given names in full Paul Anna

Sex (M. or F.) F Twin or Triplet  Was child born alive Yes Are the parents married? Yes

Date of Birth Oct 22nd 1923

**FATHER**  
 Full name Paul Craig Age last birthday 43  
 Usual residence Virginia  
 Racial origin Scottish Birth-place Ontario  
 Trade or Profession Engineer  
 Kind of industry or business in which employed Baking House

**MOTHER**  
 Full maiden name Sena Dennis Age last birthday 34  
 Usual residence Virginia  
 Racial origin Irish Birth-place Ontario  
 Number of children including this one living 6 dead 0 still-born 0  
 Occupation, if other than household duties

Name of Informant Paul Craig  
 Address Virginia  
 Name of Physician in attendance Dr. Williams  
 Date of receipt of Physician's notice Yes Date of receipt of parent's registration Oct 22/23

No. 12

County Jefferson Municipality Virginia  
 Street and Number Delaware Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Craig

Given names in full Paul May

Sex (M. or F.) M Twin or Triplet  Was child born alive Yes Are the parents married? Yes

Date of Birth Oct 22nd 1923

**FATHER**  
 Full name Paul Craig Age last birthday 43  
 Usual residence Virginia  
 Racial origin Scottish Birth-place Ontario  
 Trade or Profession Engineer  
 Kind of industry or business in which employed Baking House

**MOTHER**  
 Full maiden name Sena Dennis Age last birthday 34  
 Usual residence Virginia  
 Racial origin Irish Birth-place Ontario  
 Number of children including this one living 6 dead 0 still-born 0  
 Occupation, if other than household duties

Name of Informant Paul Craig  
 Address Virginia  
 Name of Physician in attendance Dr. Williams  
 Date of receipt of Physician's notice Yes Date of receipt of parent's registration Oct 22/23

I hereby certify that the above are correct registrations of Births filed with me during the month of November 1923

D. R.

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

County of Alford

Division of Ingersoll

No. 1		No. 2		No. 3	
County <u>Alford</u> Municipality <u>Ingersoll</u>		County <u>Alford</u> Municipality <u>Ingersoll</u>		County <u>Alford</u> Municipality <u>Ingersoll</u>	
Street and Number <u>1000 Main Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>1000 Main Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>1000 Main Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Wade</u>		Surname <u>Barrow</u>		Surname <u>Drink</u>	
Given names in full <u>Madeline Marie</u>		Given names in full <u>Esther Margaret</u>		Given names in full <u>Edna Marie</u>	
Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>
Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>Oct 15th 1923</u>		Date of Birth <u>Oct 9th 1923</u>		Date of Birth <u>Oct 6th 1923</u>	
Full name <u>Joseph Vance Wade</u>		Full name <u>Richard Barrow</u>		Full name <u>James Henry Drink</u>	
Usual residence <u>Ingersoll</u>	Age last birthday <u>20</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>20</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>40</u>
Racial origin <u>Scottish</u>	Birth-place <u>Scotland</u>	Racial origin <u>English</u>	Birth-place <u>England</u>	Racial origin <u>English</u>	Birth-place <u>Ontario</u>
Trade or Profession <u>Shoemaker</u>	Kind of industry or business in which employed <u>-</u>	Trade or Profession <u>Scandaler</u>	Kind of industry or business in which employed <u>Coal</u>	Trade or Profession <u>Scandaler</u>	Kind of industry or business in which employed <u>-</u>
Full maiden name <u>Mary MacIntyre Wade</u>		Full maiden name <u>Annie Daymond Barrow</u>		Full maiden name <u>Louise Short Drink</u>	
Usual residence <u>Ingersoll</u>	Age last birthday <u>22</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>30</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>30</u>
Racial origin <u>Scottish</u>	Birth-place <u>Scotland</u>	Racial origin <u>English</u>	Birth-place <u>Ontario</u>	Racial origin <u>English</u>	Birth-place <u>Ontario</u>
Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Number of children including this one living <u>5</u> dead <u>0</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>
Name of Informant <u>Joseph Wade</u>		Name of Informant <u>Mr. R. Barrow</u>		Name of Informant <u>Joe H. Drink</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Conroy</u>		Name of Physician in attendance <u>Dr. Conroy</u>		Name of Physician in attendance <u>Dr. Williams</u>	
Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Oct 15/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Oct 9/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Oct 6/23</u>
County <u>Alford</u> Municipality <u>Ingersoll</u>		County <u>Alford</u> Municipality <u>Ingersoll</u>		County <u>Alford</u> Municipality <u>Ingersoll</u>	
Street and Number <u>1000 Main Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>1000 Main Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>1000 Main Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Wade</u>		Surname <u>Hogg</u>		Surname <u>Boyse</u>	
Given names in full <u>George Murray</u>		Given names in full <u>Anna Jean</u>		Given names in full <u>John Henry</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>Oct 24th 1923</u>		Date of Birth <u>Oct 30th 1923</u>		Date of Birth <u>Oct 30th 1923</u>	
Full name <u>William Edward Wade</u>		Full name <u>Harry Douglas Hogg</u>		Full name <u>Maurice Durham Boyse</u>	
Usual residence <u>Ingersoll</u>	Age last birthday <u>29</u>	Usual residence <u>Shanewald</u>	Age last birthday <u>34</u>	Usual residence <u>West Alford</u>	Age last birthday <u>30</u>
Racial origin <u>English</u>	Birth-place <u>England</u>	Racial origin <u>Canadian</u>	Birth-place <u>Shanewald</u>	Racial origin <u>English</u>	Birth-place <u>Ontario</u>
Trade or Profession <u>Engineer</u>	Kind of industry or business in which employed <u>Line Co.</u>	Trade or Profession <u>Farmer</u>	Kind of industry or business in which employed <u>Farming</u>	Trade or Profession <u>Farmer</u>	Kind of industry or business in which employed <u>Farming</u>
Full maiden name <u>Louise May MacIntyre Wade</u>		Full maiden name <u>Edith Jean Hogg</u>		Full maiden name <u>Charlotte Blanche Boyse</u>	
Usual residence <u>Ingersoll</u>	Age last birthday <u>31</u>	Usual residence <u>Shanewald</u>	Age last birthday <u>30</u>	Usual residence <u>West Alford</u>	Age last birthday <u>20</u>
Racial origin <u>English</u>	Birth-place <u>Ontario</u>	Racial origin <u>Canadian</u>	Birth-place <u>Ontario</u>	Racial origin <u>English</u>	Birth-place <u>Ontario</u>
Number of children including this one living <u>2</u> dead <u>0</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Number of children including this one living <u>3</u> dead <u>0</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Number of children including this one living <u>4</u> dead <u>0</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>
Name of Informant <u>Ada L. Hedges</u>		Name of Informant <u>Ada L. Hedges</u>		Name of Informant <u>Ada L. Hedges</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Conroy</u>		Name of Physician in attendance <u>Dr. Blair</u>		Name of Physician in attendance <u>Dr. Conroy</u>	
Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Oct 25/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Oct 31/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Oct 31/23</u>

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I hereby certify that the above are correct registrations of Births filed with me during the month of November 1923

W. H. Drink D. R.



# BIRTHS

County of Oldham

Division of Sunderland

No. 7

County Oldham Municipality Sunderland  
 Street and Number St. James Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Jackson

Given names in full Jean Mary

Sex (M. or F.) F Twin or Triplet  Was child born alive? Yes Are the parents married? Yes

Date of Birth Dec 14th 1923

FATHER: Full name James Edmund Jackson Usual residence Sunderland Age last birthday 27  
 Racial origin English Birth-place England  
 Occupation Machinist  
 Kind of industry or business in which employed Steel Making

MOTHER: Full maiden name Rachel Alice Cope Usual residence Sunderland Age last birthday 30  
 Racial origin English Birth-place England  
 Number of children including this one living 2 dead 0 still-born 0  
 Occupation, if other than household duties -

No. 8

County Oldham Municipality Sunderland  
 Street and Number St. James Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Johnson

Given names in full Melburne LeRoy

Sex (M. or F.) M Twin or Triplet  Was child born alive? Yes Are the parents married? Yes

Date of Birth Dec 1st 1923

FATHER: Full name George Johnson Usual residence Sunderland Age last birthday 46  
 Racial origin English Birth-place America  
 Occupation Teamster  
 Kind of industry or business in which employed -

MOTHER: Full maiden name Eliza Johnson Usual residence Sunderland Age last birthday 32  
 Racial origin English Birth-place Sunderland  
 Number of children including this one living 1 dead 0 still-born 0  
 Occupation, if other than household duties -

No. 9

County Oldham Municipality Sunderland  
 Street and Number St. James Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Warden

Given names in full Martin James

Sex (M. or F.) M Twin or Triplet  Was child born alive? Yes Are the parents married? Yes

Date of Birth Nov 29th 1923

FATHER: Full name London Allen Warden Usual residence Sunderland Age last birthday 37  
 Racial origin Canadian Birth-place Ontario  
 Occupation Accountant  
 Kind of industry or business in which employed Machine Dept

MOTHER: Full maiden name Lara Marie Williams Usual residence Sunderland Age last birthday 30  
 Racial origin Canadian Birth-place Ontario  
 Number of children including this one living 2 dead 0 still-born 0  
 Occupation, if other than household duties -

Name of Informant W. S. Jackson  
 Address Sunderland  
 Name of Physician in attendance Dr. Coulter  
 Date of receipt of Physician's notice Yes Date of receipt of parent's registration Dec 19/23

Name of Informant Mr. S. Johnson  
 Address Sunderland  
 Name of Physician in attendance Dr. Coulter  
 Date of receipt of Physician's notice Yes Date of receipt of parent's registration Dec 1/23

Name of Informant S. A. Warden  
 Address Sunderland  
 Name of Physician in attendance Dr. Furey  
 Date of receipt of Physician's notice Yes Date of receipt of parent's registration Nov 29/23

No. 10

County Oldham Municipality Sunderland  
 Street and Number St. Andrew's Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Berman

Given names in full Eliza

Sex (M. or F.) F Twin or Triplet  Was child born alive? Yes Are the parents married? Yes

Date of Birth Dec 9th 1923

FATHER: Full name William Berman Usual residence Beachville Age last birthday 39  
 Racial origin Canadian Birth-place Canada  
 Occupation Laborer  
 Kind of industry or business in which employed -

MOTHER: Full maiden name Glady Rosa Ashfield Usual residence Beachville Age last birthday 37  
 Racial origin English Birth-place England  
 Number of children including this one living 4 dead 0 still-born 0  
 Occupation, if other than household duties -

Name of Informant Mrs. W. Berman  
 Address Beachville  
 Name of Physician in attendance Dr. Furlong  
 Date of receipt of Physician's notice Yes Date of receipt of parent's registration Dec 9/23

No. 11

County Oldham Municipality Sunderland  
 Street and Number St. Andrew's Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Berman

Given names in full Eliza

Sex (M. or F.) F Twin or Triplet  Was child born alive? Yes Are the parents married? Yes

Date of Birth Dec 9th 1923

FATHER: Full name William Berman Usual residence Beachville Age last birthday 39  
 Racial origin Canadian Birth-place Canada  
 Occupation Laborer  
 Kind of industry or business in which employed -

MOTHER: Full maiden name Glady Rosa Ashfield Usual residence Beachville Age last birthday 37  
 Racial origin English Birth-place England  
 Number of children including this one living 4 dead 0 still-born 0  
 Occupation, if other than household duties -

Name of Informant Mrs. W. Berman  
 Address Beachville  
 Name of Physician in attendance Dr. Furlong  
 Date of receipt of Physician's notice Yes Date of receipt of parent's registration Dec 9/23

No. 12

County Oldham Municipality Sunderland  
 Street and Number St. Andrew's Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Berman

Given names in full Eliza

Sex (M. or F.) F Twin or Triplet  Was child born alive? Yes Are the parents married? Yes

Date of Birth Dec 9th 1923

FATHER: Full name William Berman Usual residence Beachville Age last birthday 39  
 Racial origin Canadian Birth-place Canada  
 Occupation Laborer  
 Kind of industry or business in which employed -

MOTHER: Full maiden name Glady Rosa Ashfield Usual residence Beachville Age last birthday 37  
 Racial origin English Birth-place England  
 Number of children including this one living 4 dead 0 still-born 0  
 Occupation, if other than household duties -

Name of Informant Mrs. W. Berman  
 Address Beachville  
 Name of Physician in attendance Dr. Furlong  
 Date of receipt of Physician's notice Yes Date of receipt of parent's registration Dec 9/23

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I hereby certify that the above are correct registrations of Births filed with me during the month of December 1923

W. Ashfield D. R.



# BIRTHS

County of Alford Division of Deveraux

No. 1		No. 2		No. 3	
County <u>Alford</u> Municipality <u>Deveraux</u>		County <u>Alford</u> Municipality <u>Deveraux</u>		County <u>Alford</u> Municipality <u>Deveraux</u>	
Street and Number <u>10 Marie Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Victoria Hospital</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Victoria Hospital</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Billings</u>		Surname <u>Chadwick</u>		Surname <u>Witty</u>	
Given names in full <u>Denis Grace</u>		Given names in full <u>Manon Bernice</u>		Given names in full <u>Cleworth Ross</u>	
Sex (M. or F.) <u>M</u>	Type of Birth <u>Single</u>	Sex (M. or F.) <u>M</u>	Type of Birth <u>Single</u>	Sex (M. or F.) <u>M</u>	Type of Birth <u>Single</u>
Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>Nov 6th 1923</u>		Date of Birth <u>Nov 13th 1923</u>		Date of Birth <u>Nov 24th 1923</u>	
Full name <u>Harry Billings</u>		Full name <u>Charles Walter Chadwick</u>		Full name <u>Frank Witty</u>	
Usual residence <u>Deveraux</u>		Usual residence <u>Deveraux</u>		Usual residence <u>West Alford</u>	
Racial origin <u>English Ontario</u>		Racial origin <u>English Ontario</u>		Racial origin <u>English Newfascia</u>	
Trade or Profession <u>Labourer</u>		Trade or Profession <u>Labourer</u>		Trade or Profession <u>Farmer</u>	
Kind of Industry or business in which employed <u>Bridgeman</u>		Kind of Industry or business in which employed <u>-</u>		Kind of Industry or business in which employed <u>-</u>	
Full maiden name <u>Magdalen Minnie Summer</u>		Full maiden name <u>Alain Marie Willett</u>		Full maiden name <u>Abbie Marie Stephenson</u>	
Usual residence <u>Deveraux</u>		Usual residence <u>Deveraux</u>		Usual residence <u>West Alford</u>	
Racial origin <u>English Ontario</u>		Racial origin <u>English England</u>		Racial origin <u>Scottish Ontario</u>	
Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>4</u> dead <u>2</u> Still-born <u>1</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Harry Billings</u>		Name of Informant <u>Ada C Hedges</u>		Name of Informant <u>Ada C Hedges</u>	
Address <u>Deveraux</u>		Address <u>Deveraux</u>		Address <u>Deveraux</u>	
Name of Physician in attendance <u>D. Macdonald</u>		Name of Physician in attendance <u>D. Larnish</u>		Name of Physician in attendance <u>D. Larnish</u>	
Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Nov 6/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Nov 13/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Nov 23/23</u>
No. 4		No. 5		No. 6	
County <u>Alford</u> Municipality <u>Deveraux</u>		County <u>Alford</u> Municipality <u>Deveraux</u>		County <u>Alford</u> Municipality <u>Deveraux</u>	
Street and Number <u>King Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Victoria Hospital</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Victoria Hospital</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Dodd</u>		Surname <u>Allsop</u>		Surname <u>Wilson</u>	
Given names in full <u>Ellen Eliza</u>		Given names in full <u>Earnest Allsop</u>		Given names in full <u>William B Wilson</u>	
Sex (M. or F.) <u>F</u>	Type of Birth <u>Single</u>	Sex (M. or F.) <u>M</u>	Type of Birth <u>Single</u>	Sex (M. or F.) <u>M</u>	Type of Birth <u>Single</u>
Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>Nov 14th 1923</u>		Date of Birth <u>Dec 18th 1923</u>		Date of Birth <u>Dec 19th 1923</u>	
Full name <u>Henry Dodd</u>		Full name <u>Earnest Allsop</u>		Full name <u>William B Wilson</u>	
Usual residence <u>Deveraux</u>		Usual residence <u>Deveraux</u>		Usual residence <u>Brimelan</u>	
Racial origin <u>Canadian Ontario</u>		Racial origin <u>English England</u>		Racial origin <u>Scottish Ontario</u>	
Trade or Profession <u>Labourer</u>		Trade or Profession <u>Machinist</u>		Trade or Profession <u>Farmer</u>	
Kind of Industry or business in which employed <u>-</u>		Kind of Industry or business in which employed <u>-</u>		Kind of Industry or business in which employed <u>-</u>	
Full maiden name <u>Ella M. King</u>		Full maiden name <u>Florence Allsop</u>		Full maiden name <u>Ella Mercy Stephenson</u>	
Usual residence <u>Deveraux</u>		Usual residence <u>Deveraux</u>		Usual residence <u>Brimelan</u>	
Racial origin <u>Canadian Ontario</u>		Racial origin <u>English Ontario</u>		Racial origin <u>Ontario</u>	
Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>0</u> dead <u>0</u> Still-born <u>1</u>		Number of children including this one living <u>1</u> dead <u>1</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>D. Williams</u>		Name of Informant <u>E. M. Clement</u>		Name of Informant <u>William Wilson</u>	
Address <u>Deveraux</u>		Address <u>Deveraux</u>		Address <u>Brimelan</u>	
Name of Physician in attendance <u>D. Williams</u>		Name of Physician in attendance <u>D. Larnish</u>		Name of Physician in attendance <u>D. Ross</u>	
Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Nov 14/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Dec 18/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Dec 19/23</u>

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I hereby certify that the above are correct registrations of Births filed with me during the month of December 1923

W. R. Smith D. R.



# BIRTHS

County of Offord Division of Ingersoll

henry ash barton, mary ann mcginnis, elizabeth c. ...  
 alexander douglas simister, swilyn mary aston, bernard burton wallace, ...  
 robert wallace, annie burton, craig mcdermand harris, craig harris, ree mc...

THIS SPACE TO BE RESERVED FOR BINDING

No. 1		No. 2		No. 3	
County <u>Offord</u> Municipally <u>Ingersoll</u>		County <u>Offord</u> Municipally <u>Ingersoll</u>		County <u>Offord</u> Municipally <u>Ingersoll</u>	
Street and Number <u>Victoria Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Carroll Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Windsor Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Fenchurst</u>		Surname <u>Berlan</u>		Surname <u>Wallace</u>	
Given names in full <u>James Marie</u>		Given names in full <u>Jim Alexander</u>		Given names in full <u>Bernard Burlan</u>	
Sex (M. or F.) <u>M.</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M.</u>	Twin or Triplet <u>No</u>
Date of Birth <u>Dec 11th 1923</u>		Date of Birth <u>Dec 31st 1923</u>		Date of Birth <u>Dec 27th 1923</u>	
Full name <u>William Joseph Fenchurst</u>		Full name <u>Agnes Henry Ada Berlan</u>		Full name <u>James Rupert Wallace</u>	
Usual residence <u>Ingersoll</u>	Age last birthday <u>22</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>23</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>41</u>
Racial origin <u>English</u>	Birth-place <u>Ingersoll</u>	Racial origin <u>English</u>	Birth-place <u>Ontario</u>	Racial origin <u>English</u>	Birth-place <u>Ontario</u>
Trade or Profession <u>Machinist</u>	Kind of industry or business in which employed <u>General Motors</u>	Trade or Profession <u>Labourer</u>	Kind of industry or business in which employed <u>-</u>	Trade or Profession <u>Brick Layer</u>	Kind of industry or business in which employed <u>-</u>
Full maiden name <u>Victoria Elizabeth Berlan</u>		Full maiden name <u>Mary Ann McEmin</u>		Full maiden name <u>Annie Burlan</u>	
Usual residence <u>Ingersoll</u>	Age last birthday <u>22</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>19</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>39</u>
Racial origin <u>English</u>	Birth-place <u>Ontario</u>	Racial origin <u>English</u>	Birth-place <u>Ontario</u>	Racial origin <u>English</u>	Birth-place <u>Ontario</u>
Number of children including this one <u>living 3</u>	dead <u>0</u>	Still-born <u>0</u>	Number of children including this one <u>living 1</u>	dead <u>0</u>	Still-born <u>0</u>
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Mrs Fenchurst</u>		Name of Informant <u>Agnes Berlan</u>		Name of Informant <u>W. L. Hedges</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Rogers</u>		Name of Physician in attendance <u>Dr. Burlan</u>		Name of Physician in attendance <u>Dr. Macdonald</u>	
Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Dec 11/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Dec 31/23</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Dec 27/23</u>
No. 4		No. 5		No. 6	
County <u>Offord</u> Municipally <u>Ingersoll</u>		County <u>Offord</u> Municipally <u>Ingersoll</u>		County <u>Offord</u> Municipally <u>Ingersoll</u>	
Street and Number <u>Alma Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Carroll Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number <u>Windsor Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Thright</u>		Surname <u>Simister</u>		Surname <u>Harris</u>	
Given names in full <u>Heleen Marie</u>		Given names in full <u>Marguerite Elizabeth Carol</u>		Given names in full <u>Craig Henry</u>	
Sex (M. or F.) <u>F.</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M.</u>	Twin or Triplet <u>No</u>
Date of Birth <u>Jan 14th 1924</u>		Date of Birth <u>Dec 25th 1923</u>		Date of Birth <u>Dec 26th 1923</u>	
Full name <u>William Edward Thright</u>		Full name <u>Alexander Douglas Simister</u>		Full name <u>Craig Henry</u>	
Usual residence <u>Ingersoll</u>	Age last birthday <u>23</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>31</u>	Usual residence <u>West Offord</u>	Age last birthday <u>20</u>
Racial origin <u>English</u>	Birth-place <u>England</u>	Racial origin <u>English</u>	Birth-place <u>Ingersoll</u>	Racial origin <u>Canadian</u>	Birth-place <u>Ontario</u>
Trade or Profession <u>Labourer</u>	Kind of industry or business in which employed <u>Machine Shop</u>	Trade or Profession <u>Merchant</u>	Kind of industry or business in which employed <u>Wholesale Dealer</u>	Trade or Profession <u>Farmer</u>	Kind of industry or business in which employed <u>-</u>
Full maiden name <u>Heleen Caroline Berlan</u>		Full maiden name <u>Emily Mary Aston</u>		Full maiden name <u>Ree McDermand</u>	
Usual residence <u>Ingersoll</u>	Age last birthday <u>23</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>31</u>	Usual residence <u>West Offord</u>	Age last birthday <u>20</u>
Racial origin <u>Canadian</u>	Birth-place <u>Canada</u>	Racial origin <u>English</u>	Birth-place <u>Ontario</u>	Racial origin <u>Canadian</u>	Birth-place <u>Ontario</u>
Number of children including this one <u>living 1</u>	dead <u>0</u>	Still-born <u>0</u>	Number of children including this one <u>living 2</u>	dead <u>0</u>	Still-born <u>0</u>
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>W. Thright</u>		Name of Informant <u>Alex D. Simister</u>		Name of Informant <u>Ralph Williams</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Macdonald</u>		Name of Physician in attendance <u>Dr. Burlan</u>		Name of Physician in attendance <u>Dr. Williams</u>	
Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Jan 14/24</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>-</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Dec 26/23</u>

I hereby certify that the above are correct registrations of Births filed with me during the month of January 1924

W. L. Hedges D.R.



# BIRTHS

jean helen brown, john james brown, margaret fair brown, edward bissett, ines beryl law, john freeman lackenbauer, erwin henry lackenbauer, edith odessa scippe, yvonne yvonne gwendolyn bartindale, melbourne bartindale, louise waring, grace edith mary moyse, arthur frederick moyse, kathleen mary dowling, lillian smith, frederick francis smith, lily wyeth

County of Jefferson

Division of Registration

No. 1	No. 1	No. 2
<p>County <u>Jefferson</u> Municipality <u>Shreveport</u>                      Street and Number or Con. and Lot <u>James Street</u>                      (If in hospital, give name instead of street)</p> <p>Surname <u>Brown</u>                      Given names in full <u>Jean Helen</u>                      Sex (M. or F.) <u>Female</u> <input checked="" type="checkbox"/> <u>Triplets</u> <input type="checkbox"/> <u>Was child born alive?</u> <u>Yes</u> <input checked="" type="checkbox"/> <u>Are the parents married?</u> <u>Yes</u> <input checked="" type="checkbox"/></p> <p>Date of Birth <u>Jan 1st 1924</u></p> <p>FATHER: Full name <u>John James Brown</u> Usual residence <u>Shreveport</u> Racial origin <u>Dutch</u> Birth-place <u>Belgium</u> Trade or Profession <u>Barber</u> Kind of industry or business in which employed <u>-</u> Full maiden name <u>Margaret Fair Brown</u> Usual residence <u>Shreveport</u> Racial origin <u>Scottish</u> Birth-place <u>Canada</u> Number of children including this one <u>living 6</u> <u>dead 0</u> <u>still-born 0</u> Occupation, if other than household duties <u>-</u></p> <p>MOTHER: Full name <u>Margaret Fair Brown</u> Usual residence <u>Shreveport</u> Racial origin <u>Scottish</u> Birth-place <u>Canada</u> Number of children including this one <u>living 6</u> <u>dead 0</u> <u>still-born 0</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>Margaret Fair Brown</u> Address <u>Shreveport</u> Name of Physician in attendance <u>Dr. Gardner</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Jan 1/24</u></p>	<p>County <u>Jefferson</u> Municipality <u>Shreveport</u>                      Street and Number or Con. and Lot <u>James Street</u>                      (If in hospital, give name instead of street)</p> <p>Surname <u>Lackenbauer</u>                      Given names in full <u>John Frederick</u>                      Sex (M. or F.) <u>Male</u> <input checked="" type="checkbox"/> <u>Triplets</u> <input type="checkbox"/> <u>Was child born alive?</u> <u>Yes</u> <input checked="" type="checkbox"/> <u>Are the parents married?</u> <u>Yes</u> <input checked="" type="checkbox"/></p> <p>Date of Birth <u>Jan 10th 1924</u></p> <p>FATHER: Full name <u>Frederick Lackenbauer</u> Usual residence <u>Shreveport</u> Racial origin <u>German</u> Birth-place <u>Ontario</u> Trade or Profession <u>Dry Goods</u> Kind of industry or business in which employed <u>Rifley Manager</u> Full maiden name <u>Elizabeth Scippe</u> Usual residence <u>Shreveport</u> Racial origin <u>German</u> Birth-place <u>Canada</u> Number of children including this one <u>living 2</u> <u>dead 0</u> <u>still-born 0</u> Occupation, if other than household duties <u>-</u></p> <p>MOTHER: Full name <u>Elizabeth Scippe</u> Usual residence <u>Shreveport</u> Racial origin <u>German</u> Birth-place <u>Canada</u> Number of children including this one <u>living 2</u> <u>dead 0</u> <u>still-born 0</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>F. H. Lackenbauer</u> Address <u>Shreveport</u> Name of Physician in attendance <u>Dr. Gardner</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Jan 1/24</u></p>	<p>County <u>Jefferson</u> Municipality <u>Shreveport</u>                      Street and Number or Con. and Lot <u>John Street</u>                      (If in hospital, give name instead of street)</p> <p>Surname <u>Moyse</u>                      Given names in full <u>Arthur Frederick</u>                      Sex (M. or F.) <u>Male</u> <input checked="" type="checkbox"/> <u>Triplets</u> <input type="checkbox"/> <u>Was child born alive?</u> <u>Yes</u> <input checked="" type="checkbox"/> <u>Are the parents married?</u> <u>Yes</u> <input checked="" type="checkbox"/></p> <p>Date of Birth <u>Jan 11th 1924</u></p> <p>FATHER: Full name <u>Arthur Frederick Moyse</u> Usual residence <u>Shreveport</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Traveler</u> Kind of industry or business in which employed <u>Jewelry</u> Full maiden name <u>Margaret Mary Dowling</u> Usual residence <u>Shreveport</u> Racial origin <u>Irish</u> Birth-place <u>Canada</u> Number of children including this one <u>living 3</u> <u>dead 0</u> <u>still-born 0</u> Occupation, if other than household duties <u>-</u></p> <p>MOTHER: Full name <u>Margaret Mary Dowling</u> Usual residence <u>Shreveport</u> Racial origin <u>Irish</u> Birth-place <u>Canada</u> Number of children including this one <u>living 3</u> <u>dead 0</u> <u>still-born 0</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>A. F. Moyse</u> Address <u>Shreveport</u> Name of Physician in attendance <u>Dr. Gardner</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Jan 1/24</u></p>
<p>County <u>Jefferson</u> Municipality <u>Shreveport</u>                      Street and Number or Con. and Lot <u>James Street</u>                      (If in hospital, give name instead of street)</p> <p>Surname <u>Bissett</u>                      Given names in full <u>Margaret Eleanor</u>                      Sex (M. or F.) <u>Female</u> <input checked="" type="checkbox"/> <u>Triplets</u> <input type="checkbox"/> <u>Was child born alive?</u> <u>Yes</u> <input checked="" type="checkbox"/> <u>Are the parents married?</u> <u>Yes</u> <input checked="" type="checkbox"/></p> <p>Date of Birth <u>Jan 1st 1924</u></p> <p>FATHER: Full name <u>Edward Bissett</u> Usual residence <u>Shreveport</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Trade or Profession <u>Salesman</u> Kind of industry or business in which employed <u>Gun implements</u> Full maiden name <u>Ines Beryl Law</u> Usual residence <u>Shreveport</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one <u>living 1</u> <u>dead 0</u> <u>still-born 0</u> Occupation, if other than household duties <u>-</u></p> <p>MOTHER: Full name <u>Ines Beryl Law</u> Usual residence <u>Shreveport</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one <u>living 1</u> <u>dead 0</u> <u>still-born 0</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>Ada L. Hedges</u> Address <u>Shreveport</u> Name of Physician in attendance <u>Dr. Gardner</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Jan 15/24</u></p>	<p>County <u>Jefferson</u> Municipality <u>Shreveport</u>                      Street and Number or Con. and Lot <u>James Street</u>                      (If in hospital, give name instead of street)</p> <p>Surname <u>Bartindale</u>                      Given names in full <u>Melbourne Gwendolyn</u>                      Sex (M. or F.) <u>Female</u> <input checked="" type="checkbox"/> <u>Triplets</u> <input type="checkbox"/> <u>Was child born alive?</u> <u>Yes</u> <input checked="" type="checkbox"/> <u>Are the parents married?</u> <u>Yes</u> <input checked="" type="checkbox"/></p> <p>Date of Birth <u>Jan 5th 1924</u></p> <p>FATHER: Full name <u>Melbourne Bartindale</u> Usual residence <u>North-Ohio</u> Racial origin <u>Scottish</u> Birth-place <u>Ontario</u> Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>Farming</u> Full maiden name <u>Louise Waring</u> Usual residence <u>North-Ohio</u> Racial origin <u>Irish</u> Birth-place <u>Ontario</u> Number of children including this one <u>living 6</u> <u>dead 0</u> <u>still-born 0</u> Occupation, if other than household duties <u>-</u></p> <p>MOTHER: Full name <u>Louise Waring</u> Usual residence <u>North-Ohio</u> Racial origin <u>Irish</u> Birth-place <u>Ontario</u> Number of children including this one <u>living 6</u> <u>dead 0</u> <u>still-born 0</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>Mr. M. Bartindale</u> Address <u>Shreveport</u> Name of Physician in attendance <u>Dr. Allen</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Jan 1/24</u></p>	<p>County <u>Jefferson</u> Municipality <u>Shreveport</u>                      Street and Number or Con. and Lot <u>John Street</u>                      (If in hospital, give name instead of street)</p> <p>Surname <u>Smith</u>                      Given names in full <u>Kathleen Mary</u>                      Sex (M. or F.) <u>Female</u> <input checked="" type="checkbox"/> <u>Triplets</u> <input type="checkbox"/> <u>Was child born alive?</u> <u>Yes</u> <input checked="" type="checkbox"/> <u>Are the parents married?</u> <u>Yes</u> <input checked="" type="checkbox"/></p> <p>Date of Birth <u>Jan 7th 1924</u></p> <p>FATHER: Full name <u>Frederick Francis Smith</u> Usual residence <u>Shreveport</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>Milk</u> Full maiden name <u>Lily Wyeth</u> Usual residence <u>Shreveport</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one <u>living 4</u> <u>dead 0</u> <u>still-born 0</u> Occupation, if other than household duties <u>-</u></p> <p>MOTHER: Full name <u>Lily Wyeth</u> Usual residence <u>Shreveport</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one <u>living 4</u> <u>dead 0</u> <u>still-born 0</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>Fred Francis Smith</u> Address <u>Shreveport</u> Name of Physician in attendance <u>Dr. Gardner</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Jan 7/24</u></p>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of Jan 1924

W. D. R.







# BIRTHS

mckay, herbert boyd mckay, victoria maud treph, esabelle m. mcandlary, minnie morrison, bella helen morrison, gordon charles arthur titus, arthur uriah titus, rosina gibbs, robert lambers waterhouse, minnie belle taylor, herbert charles fuller, annie wright

County of Alford

Division of Reginace

No. <u>1</u>	No. <u>7</u>	No. <u>9</u>
County <u>Alford</u> Municipality <u>Reginace</u> Street and Number <u>St. Lawrence Street</u> or Cor. and Lot <u>17</u> <small>(If in hospital, give name thereof)</small>	County <u>Alford</u> Municipality <u>Reginace</u> Street and Number <u>Victoria Street</u> or Cor. and Lot <u>17</u> <small>(If in hospital, give name thereof)</small>	County <u>Alford</u> Municipality <u>Reginace</u> Street and Number <u>Charles Street</u> or Cor. and Lot <u>17</u> <small>(If in hospital, give name thereof)</small>
Surname <u>Stiles</u> Given name in full <u>William McLaughlin</u>	Surname <u>McLaughlin</u> Given name in full <u>William Stiles</u>	Surname <u>Waterhouse</u> Given name in full <u>Robert Leambeck</u>
Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>
Date of Birth <u>Mar 1st 1924</u>	Date of Birth <u>Mar 1st 1924</u>	Date of Birth <u>Mar 28th 1924</u>
FATHER Full name <u>William Stiles</u> Age last birthday <u>27</u> Usual residence <u>Reginace</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Trade or Profession <u>Dentist</u> Kind of industry or business in which employed <u>-</u>	FATHER Full name <u>William McLaughlin</u> Age last birthday <u>34</u> Usual residence <u>Reginace</u> Racial origin <u>Irish</u> Birth-place <u>Ireland</u> Trade or Profession <u>Railway Employee</u> Kind of industry or business in which employed <u>-</u>	FATHER Full name <u>Robert Waterhouse</u> Age last birthday <u>31</u> Usual residence <u>Reginace</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>Ball Works</u>
MOTHER Full maiden name <u>Grace Ann McLaughlin</u> Age last birthday <u>26</u> Usual residence <u>Reginace</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>2</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER Full maiden name <u>Bella Helen Morrison</u> Age last birthday <u>29</u> Usual residence <u>Reginace</u> Racial origin <u>Scottish</u> Birth-place <u>Scotland</u> Number of children including this one living <u>2</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER Full maiden name <u>Minnie Belle Taylor</u> Age last birthday <u>31</u> Usual residence <u>Reginace</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>3</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>
Name of Informant <u>A. B. Shadger</u> Address <u>Reginace</u> Name of Physician in attendance <u>Dr. Coulter</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Mar 2/24</u>	Name of Informant <u>W. McLaughlin</u> Address <u>Reginace</u> Name of Physician in attendance <u>Dr. Coulter</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Mar 2/24</u>	Name of Informant <u>Mrs. B. Waterhouse</u> Address <u>Reginace</u> Name of Physician in attendance <u>Dr. Coulter</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Mar 6/24</u>
County <u>Alford</u> Municipality <u>Reginace</u> Street and Number <u>St. Lawrence Street</u> or Cor. and Lot <u>17</u> <small>(If in hospital, give name thereof)</small>	County <u>Alford</u> Municipality <u>Reginace</u> Street and Number <u>Victoria Street</u> or Cor. and Lot <u>17</u> <small>(If in hospital, give name thereof)</small>	County <u>Alford</u> Municipality <u>Reginace</u> Street and Number <u>Charles Street</u> or Cor. and Lot <u>17</u> <small>(If in hospital, give name thereof)</small>
Surname <u>McKay</u> Given name in full <u>James Alvin</u>	Surname <u>Titus</u> Given name in full <u>Gordon Charles Arthur</u>	Surname <u>Fuller</u> Given name in full <u>Herbert Charles</u>
Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>
Date of Birth <u>Mar 7th 1924</u>	Date of Birth <u>Mar 23rd 1924</u>	Date of Birth <u>Mar 11th 1924</u>
FATHER Full name <u>Herbert Boyd McKay</u> Age last birthday <u>39</u> Usual residence <u>Reginace</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Trade or Profession <u>Dentist</u> Kind of industry or business in which employed <u>-</u>	FATHER Full name <u>Arthur Irish Titus</u> Age last birthday <u>26</u> Usual residence <u>Reginace</u> Racial origin <u>American</u> Birth-place <u>Canada</u> Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>-</u>	FATHER Full name <u>Herbert Charles Fuller</u> Age last birthday <u>39</u> Usual residence <u>Reginace</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Mill Wright</u> Kind of industry or business in which employed <u>Steel</u>
MOTHER Full maiden name <u>Victoria Maud Treph</u> Age last birthday <u>35</u> Usual residence <u>Reginace</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>3</u> dead <u>1</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER Full maiden name <u>Rosina Gibbs</u> Age last birthday <u>23</u> Usual residence <u>Reginace</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one living <u>1</u> dead <u>0</u> still-born <u>0</u> Occupation, if other than household duties <u>None</u>	MOTHER Full maiden name <u>Annie Wright</u> Age last birthday <u>39</u> Usual residence <u>Reginace</u> Racial origin <u>England</u> Birth-place <u>England</u> Number of children including this one living <u>9</u> dead <u>1</u> still-born <u>0</u> Occupation, if other than household duties <u>-</u>
Name of Informant <u>R. B. McKay</u> Address <u>Reginace</u> Name of Physician in attendance <u>Dr. Coulter</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Mar 2/24</u>	Name of Informant <u>Mrs. S. Smith</u> Address <u>Reginace</u> Name of Physician in attendance <u>Dr. Coulter</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Mar 2/24</u>	Name of Informant <u>H. C. Fuller</u> Address <u>Reginace</u> Name of Physician in attendance <u>Dr. Coulter</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Mar 11/24</u>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of Mar - Apr 1924

W. B. Smith D. R.



# BIRTHS

County of Alford

Division of Alford

THIS SPACE TO BE RESERVED FOR BIRTHS

No. 9  
 County Alford  
 Street and Number King Street  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Shulaw  
 Given name in full Margaret Bernice  
 Sex F (M. or F.)  
 Date of Birth Mar 31st 1924  
 Full name Allen Aubrey Shulaw  
 Usual residence Ingersoll Age last birthday 0  
 Racial origin English Ontario  
 Trade or Profession Mechanic  
 Kind of industry or business in which employed Repair Work  
 Full maiden name Beal Edythe  
 Usual residence Ingersoll Age last birthday 26  
 Racial origin English Ontario  
 Number of children including this one living 1 dead 0 still-born 0  
 Occupation, if other than household duties

No. 10  
 County Alford  
 Street and Number King Street  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Braam  
 Given name in full Lina Margaret  
 Sex F (M. or F.)  
 Date of Birth Mar 25th 1924  
 Full name Amest William Braam  
 Usual residence Ingersoll Age last birthday 26  
 Racial origin English England  
 Trade or Profession Shoe Repair  
 Kind of industry or business in which employed Shoe  
 Full maiden name Karmit Irene Mayer  
 Usual residence Ingersoll Age last birthday 19  
 Racial origin English Ingersoll  
 Number of children including this one living 1 dead 0 still-born 0  
 Occupation, if other than household duties

No. 11  
 County Alford  
 Street and Number King Street  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Shulaw  
 Given name in full Robert Charles  
 Sex M (M. or F.)  
 Date of Birth Apr 11th 1924  
 Full name Alfred Andrew Shulaw  
 Usual residence Ingersoll Age last birthday 28  
 Racial origin English Ontario  
 Trade or Profession Mechanic  
 Kind of industry or business in which employed Machine Shop  
 Full maiden name Elue Blanche Davis  
 Usual residence Ingersoll Age last birthday 33  
 Racial origin English Ontario  
 Number of children including this one living 3 dead 1 still-born 1  
 Occupation, if other than household duties

Name of Informant Allen Aubrey Shulaw  
 Address Ingersoll  
 Name of Physician in attendance Dr. Lamer  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 1/24

Name of Informant Mrs. E. Mayer  
 Address Ingersoll  
 Name of Physician in attendance Dr. Lamer  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 29/24

Name of Informant A. D. Shulaw  
 Address Ingersoll  
 Name of Physician in attendance Dr. Williams  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 11/24

No. 12  
 County Alford  
 Street and Number Delana Street  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Shelton  
 Given name in full Donald Crosby  
 Sex M (M. or F.)  
 Date of Birth Apr 19th 1924  
 Full name Samuel Lloyd Shelton  
 Usual residence Delana Mich Age last birthday 26  
 Racial origin Canadian Ingersoll  
 Trade or Profession Auto Salesman  
 Kind of industry or business in which employed Taxi  
 Full maiden name Myrtle Stone Crosby  
 Usual residence Delana Mich Age last birthday 30  
 Racial origin Canadian Ingersoll  
 Number of children including this one living 1 dead 0 still-born 0  
 Occupation, if other than household duties

No. 1  
 County Alford  
 Street and Number Delana Street  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Walker  
 Given name in full Robin Mary  
 Sex F (M. or F.)  
 Date of Birth Apr 30th 1924  
 Full name Beta Lindsay Walker  
 Usual residence Ingersoll Age last birthday 24  
 Racial origin Scottish Scotland  
 Trade or Profession Housewife  
 Kind of industry or business in which employed Cooking Co.  
 Full maiden name Annie Shelton  
 Usual residence Ingersoll Age last birthday 24  
 Racial origin English Maryland  
 Number of children including this one living 1 dead 0 still-born 0  
 Occupation, if other than household duties

No. 2  
 County Alford  
 Street and Number Arkerman Street  
 or Con. and Lot (If in hospital, give name instead of street)  
 Surname Keenan  
 Given name in full Charles Kenneth  
 Sex M (M. or F.)  
 Date of Birth Apr 27th 1924  
 Full name James A. Keenan  
 Usual residence Ingersoll Age last birthday 24  
 Racial origin English Ontario  
 Trade or Profession Housewife  
 Kind of industry or business in which employed  
 Full maiden name Lizzie Dickson  
 Usual residence Ingersoll Age last birthday 24  
 Racial origin English Ontario  
 Number of children including this one living 1 dead 0 still-born 0  
 Occupation, if other than household duties

Name of Informant Alta S. Hodge  
 Address Ingersoll  
 Name of Physician in attendance Dr. Rodgers  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 27/24

Name of Informant Beta Lindsay Walker  
 Address Ingersoll  
 Name of Physician in attendance Dr. Williams  
 Did physician give notice of this birth? Yes Date of receipt by D. R. May 1/24

Name of Informant Mrs. James Keenan  
 Address Ingersoll  
 Name of Physician in attendance Dr. Williams  
 Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 7/24

I hereby certify that the above are correct registrations of Births filed with me during the month of April & May 1924.



# BIRTHS

County of Offord

Division of Englewood

No. 3

County Offord Municipality Englewood  
 Street and Number King Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Parsons

Given names in full Charles William

Sex (M. or F.) M Was child born alive? Yes Legitimate (Yes or No) Yes

Date of Birth Mar 7th 1924

Full name Charles William Parsons Age last birthday 27

Usual residence Englewood

Racial origin Irish Birth Ontario

Trade or Profession Mechanic

Kind of industry or business in which employed Implement

Full maiden name Helen McCallough Age last birthday 19

Usual residence Englewood

Racial origin Irish Birth Englewood

Number of children including this one living 1 dead 0 Still-born 0

Occupation, if other than household duties

No. 4

County Offord Municipality Englewood  
 Street and Number Price Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Daniel

Given names in full William Carl

Sex (M. or F.) M Was child born alive? Yes Legitimate (Yes or No) Yes

Date of Birth Apr 10th 1924

Full name George Daniel Age last birthday 34

Usual residence Englewood

Racial origin English Birth Ontario

Trade or Profession Blacksmith

Kind of industry or business in which employed

Full maiden name Lucy May Jackson Age last birthday

Usual residence Englewood

Racial origin English Birth Ontario

Number of children including this one living 3 dead 0 Still-born 0

Occupation, if other than household duties

No. 5

County Offord Municipality Englewood  
 Street and Number Price Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Heinds

Given names in full James Carlisle

Sex (M. or F.) M Was child born alive? Yes Legitimate (Yes or No) Yes

Date of Birth Mar 25th 1924

Full name James Carlisle Heinds Age last birthday 37

Usual residence Englewood

Racial origin English Birth Ontario

Trade or Profession Iron Worker

Kind of industry or business in which employed Royal Iron Co

Full maiden name Flora Taylor Age last birthday 21

Usual residence Englewood

Racial origin English Birth England

Number of children including this one living 1 dead 0 Still-born 0

Occupation, if other than household duties

Name of Informant Charles William Brown

Address Englewood

Name of Physician in attendance Dr. Curran

Did physician give notice of this birth? No Date of receipt by D. R. -

Name of Informant McKeary James

Address Englewood

Name of Physician in attendance Dr. Curran

Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 10th 1924

Name of Informant James Carlisle Heinds

Address Englewood

Name of Physician in attendance Dr. Curran

Did physician give notice of this birth? Yes Date of receipt by D. R. Mar 25th 1924

No. 6

County Offord Municipality Englewood  
 Street and Number McDonald Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Benjamin

Given names in full Richard Henry

Sex (M. or F.) M Was child born alive? Yes Legitimate (Yes or No) Yes

Date of Birth Apr 11th 1924

Full name Richard Henry Benjamin Age last birthday 35

Usual residence Beachville

Racial origin Irish Birth Ontario

Trade or Profession Farmer

Kind of industry or business in which employed

Full maiden name Myrtle Edwignate Age last birthday 35

Usual residence Beachville

Racial origin Irish Birth Ontario

Number of children including this one living 3 dead 0 Still-born 0

Occupation, if other than household duties

No. 7

County Offord Municipality Englewood  
 Street and Number McDonald Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Banbury

Given names in full Richard Henry

Sex (M. or F.) M Was child born alive? Yes Legitimate (Yes or No) Yes

Date of Birth Apr 9th 1924

Full name Richard Henry Banbury Age last birthday 36

Usual residence Englewood

Racial origin Irish Birth Englewood

Trade or Profession Farmer

Kind of industry or business in which employed

Full maiden name Melrose Pearl Brockner Age last birthday 35

Usual residence Englewood

Racial origin Irish Birth Ontario

Number of children including this one living 5 dead 0 Still-born 0

Occupation, if other than household duties

No. 8

County Offord Municipality Englewood  
 Street and Number McDonald Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Banbury

Given names in full Fredrick Claude

Sex (M. or F.) M Was child born alive? Yes Legitimate (Yes or No) Yes

Date of Birth Apr 9th 1924

Full name Richard Henry Banbury Age last birthday 36

Usual residence Englewood

Racial origin Irish Birth Englewood

Trade or Profession Farmer

Kind of industry or business in which employed

Full maiden name Melrose Pearl Brockner Age last birthday 35

Usual residence Englewood

Racial origin Irish Birth Ontario

Number of children including this one living 6 dead 0 Still-born 0

Occupation, if other than household duties

Name of Informant Ada L. Hedges

Address Englewood

Name of Physician in attendance Dr. Curran

Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 11th 1924

Name of Informant Ada L. Hedges

Address Englewood

Name of Physician in attendance Dr. Curran

Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 9th 1924

Name of Informant Ada L. Hedges

Address Englewood

Name of Physician in attendance Dr. Curran

Did physician give notice of this birth? Yes Date of receipt by D. R. Apr 9th 1924

I hereby certify that the above are correct registrations of Births filed with me during the month of April 1924.

W. B. Curran D. R.

THIS SPACE TO BE RESERVED FOR BIRTHS







# BIRTHS

Robert beam baby, gertrude hazel holland, mathew henry hughes, thomas maurice, tonie renimchuck, wimford johnson, gertrude irene johnson, phyllis haddock, beverly glenn haddock, belinda maud fuller, william douglas shearon, edward nicholas shearon, lottie titus

County of Offord Division of Argenteau

County of Offord Division of Argenteau

County of Offord Division of Argenteau

No. 3

County Offord Municipality Argenteau  
 Street and Number Wellington Ave.  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Heay  
 Given names in full Alan Heay  
 Sex (M. or F.) M. Twin or Triplet No Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth April 10th 1924

FATHER: Full name George Carlisle Heay Usual residence Argenteau Age last birthday 25  
 Racial origin Scottish Birth-place Ontario  
 OCCUPATION: Trade or Profession Jeweller  
 Kind of industry or business in which employed -

MOTHER: Full maiden name Marie Augusta Figgess Usual residence Argenteau Age last birthday 23  
 Racial origin English Birth-place Ontario  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties -

No. 4

County Offord Municipality Argenteau  
 Street and Number Belle Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Maurice  
 Given names in full Joseph Anthony Maurice  
 Sex (M. or F.) M. Twin or Triplet No Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth April 20th 1924

FATHER: Full name John John Maurice Usual residence Argenteau Age last birthday 49  
 Racial origin Canadian Birth-place Ontario  
 OCCUPATION: Trade or Profession Butcher  
 Kind of industry or business in which employed Baking Co.

MOTHER: Full maiden name Rosie Rammebach Usual residence Argenteau Age last birthday 34  
 Racial origin Austrian Birth-place Ontario  
 Number of children including this one living 11 dead 2 Still-born 0  
 Occupation, if other than household duties -

No. 5

County Offord Municipality Argenteau  
 Street and Number King Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Haddock  
 Given names in full Chyllis Mae  
 Sex (M. or F.) F. Twin or Triplet No Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth April 23rd 1924

FATHER: Full name Beverly Glenn Haddock Usual residence Argenteau Age last birthday 33  
 Racial origin English Birth-place Ontario  
 OCCUPATION: Trade or Profession Fire Cutter  
 Kind of industry or business in which employed Fire Works

MOTHER: Full maiden name Belinda Maud Syller Usual residence Argenteau Age last birthday 29  
 Racial origin English Birth-place England  
 Number of children including this one living 4 dead 2 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Doc Heay  
 Address Argenteau  
 Name of Physician in attendance Dr. Larnach  
 Did physician give notice of this birth? Yes Date of receipt by D. R. April 10/24

No. 6

County Offord Municipality Argenteau  
 Street and Number Wellington Ave.  
 or Cor. and Lot (If in hospital, give name instead of street)

Name of Informant M. Rosie Maurice  
 Address Argenteau  
 Name of Physician in attendance Dr. Larnach  
 Did physician give notice of this birth? Yes Date of receipt by D. R. April 20/24

No. 7

County Offord Municipality Argenteau  
 Street and Number Wellington Ave.  
 or Cor. and Lot (If in hospital, give name instead of street)

Name of Informant B. B. Haddock  
 Address Argenteau  
 Name of Physician in attendance Dr. Larnach  
 Did physician give notice of this birth? Yes Date of receipt by D. R. April 23/24

No. 1

County Offord Municipality Argenteau  
 Street and Number Thorne Street  
 or Cor. and Lot (If in hospital, give name instead of street)

Surname Kelly  
 Given names in full Emily Ruth Kelly  
 Sex (M. or F.) F. Twin or Triplet No Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth May 8th 1924

FATHER: Full name Albert Seaman Kelly Usual residence Orchard Age last birthday 26  
 Racial origin Irish Birth-place Ontario  
 OCCUPATION: Trade or Profession Farmer  
 Kind of industry or business in which employed Agriculture

MOTHER: Full maiden name Gertrude Hazel Scotland Usual residence Orchard Age last birthday 26  
 Racial origin English Birth-place Ontario  
 Number of children including this one living 2 dead 0 Still-born 1  
 Occupation, if other than household duties -

Name of Informant W. H. Kelly  
 Address Argenteau R. 1  
 Name of Physician in attendance Dr. Macdonald  
 Did physician give notice of this birth? Yes Date of receipt by D. R. May 9/24

Surname Johnson  
 Given names in full Edith Grace Johnson  
 Sex (M. or F.) F. Twin or Triplet No Was child born alive Yes Legitimate "Yes" or "No" No

Date of Birth May 22nd 1924

FATHER: Full name - Usual residence - Age last birthday -  
 Racial origin - Birth-place -  
 OCCUPATION: Trade or Profession -  
 Kind of industry or business in which employed -

MOTHER: Full maiden name Gertrude Irene Johnson Usual residence Wellsville Age last birthday 17  
 Racial origin Canadian Birth-place Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant J. C. Bringle  
 Address Argenteau  
 Name of Physician in attendance Dr. Larnach  
 Did physician give notice of this birth? Yes Date of receipt by D. R. May 22/24

Surname Shearon  
 Given names in full William Douglas Shearon  
 Sex (M. or F.) M. Twin or Triplet No Was child born alive Yes Legitimate "Yes" or "No" Yes

Date of Birth May 6th 1924

FATHER: Full name Edward Nicholas Shearon Usual residence Argenteau Age last birthday 45  
 Racial origin Irish Birth-place Ontario  
 OCCUPATION: Trade or Profession Machinist  
 Kind of industry or business in which employed -

MOTHER: Full maiden name Lottie Titus Usual residence Argenteau Age last birthday 34  
 Racial origin Canadian Birth-place Ontario  
 Number of children including this one living 5 dead 0 Still-born 0  
 Occupation, if other than household duties -

Name of Informant Edward Shearon  
 Address Argenteau  
 Name of Physician in attendance Dr. Larnach  
 Did physician give notice of this birth? Yes Date of receipt by D. R. May 9/24

I hereby certify that the above are correct registrations of Births filed with me during the month of May 1924.

W. H. Bringle D. R.

THIS SPACE TO BE RESERVED FOR BINDING



knowles, robert emerson knowles, mary helen knowles, julia elizabeth wheeler, annie elizabeth thompson, harry thompson, prire, james george prire, ada may prire

# BIRTHS

County of Alford

Division of Registers

THIS SPACE TO BE RESERVED FOR BINDING

No. 1				No. 2				No. 3			
County		Municipality		County		Municipality		County		Municipality	
Street and Number or Con. and Lot <u>1011 S. 1st St</u>				Street and Number or Con. and Lot <u>1011 S. 1st St</u>				Street and Number or Con. and Lot <u>1011 S. 1st St</u>			
Surname <u>Sitzer</u>				Surname <u>Wheeler</u>				Surname <u>Daines</u>			
Given names in full <u>William Russell</u>				Given names in full <u>William Wheeler</u>				Given names in full <u>Sylvia Helena</u>			
Sex (M. or F.)	Type of Toilet	Was child born alive?	Are the parents married?	Sex (M. or F.)	Type of Toilet	Was child born alive?	Are the parents married?	Sex (M. or F.)	Type of Toilet	Was child born alive?	Are the parents married?
<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
Date of Birth <u>June 25th 1924</u>				Date of Birth <u>June 26th 1924</u>				Date of Birth <u>June 30th 1924</u>			
FATHER				FATHER				FATHER			
Full name <u>Richard Sitzer</u>				Full name <u>William Wheeler</u>				Full name <u>George Daines</u>			
Usual residence <u>Alford</u>		Age last birthday <u>38</u>		Usual residence <u>Alford</u>		Age last birthday <u>35</u>		Usual residence <u>Alford</u>		Age last birthday <u>45</u>	
Racial origin <u>Canadian</u>		Birthplace <u>Alford</u>		Racial origin <u>English</u>		Birthplace <u>Alford</u>		Racial origin <u>English</u>		Birthplace <u>Alford</u>	
OCCUPATION				OCCUPATION				OCCUPATION			
Trade or Profession <u>Farmer</u>				Trade or Profession <u>Farmer</u>				Trade or Profession <u>Machine Co</u>			
Kind of industry or business in which employed <u>Farming</u>				Kind of industry or business in which employed <u>Baking Co</u>				Kind of industry or business in which employed <u>Machine Co</u>			
Full maiden name <u>William Wheeler</u>				Full maiden name <u>Anna Wheeler</u>				Full maiden name <u>Elizabeth Wheeler</u>			
MOTHER				MOTHER				MOTHER			
Usual residence <u>Alford</u>		Age last birthday <u>40</u>		Usual residence <u>Alford</u>		Age last birthday <u>36</u>		Usual residence <u>Alford</u>		Age last birthday <u>38</u>	
Racial origin <u>English</u>		Birthplace <u>England</u>		Racial origin <u>English</u>		Birthplace <u>Alford</u>		Racial origin <u>English</u>		Birthplace <u>England</u>	
Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>				Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>				Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>			
Occupation, if other than household duties				Occupation, if other than household duties				Occupation, if other than household duties			
Name of Informant <u>Dr. Conner</u>				Name of Informant <u>Mrs Wheeler</u>				Name of Informant <u>Mr George Daines</u>			
Address <u>Alford</u>				Address <u>Alford</u>				Address <u>Alford</u>			
Name of Physician in attendance <u>Dr. Conner</u>				Name of Physician in attendance <u>Dr. Conner</u>				Name of Physician in attendance <u>Dr. Conner</u>			
Date of receipt of Physician's notice <u>No</u>		Date of receipt of parent's registration <u>—</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of parent's registration <u>June 1st 1924</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of parent's registration <u>July 1st 1924</u>	
No. 4				No. 5				No. 6			
County		Municipality		County		Municipality		County		Municipality	
Street and Number or Con. and Lot <u>1011 S. 1st St</u>				Street and Number or Con. and Lot <u>1011 S. 1st St</u>				Street and Number or Con. and Lot <u>1011 S. 1st St</u>			
Surname <u>Knowles</u>				Surname <u>Pirie</u>				Surname <u>Shampson</u>			
Given names in full <u>Shirley Eleanor</u>				Given names in full <u>James George</u>				Given names in full <u>Larry E Shampson</u>			
Sex (M. or F.)	Type of Toilet	Was child born alive?	Are the parents married?	Sex (M. or F.)	Type of Toilet	Was child born alive?	Are the parents married?	Sex (M. or F.)	Type of Toilet	Was child born alive?	Are the parents married?
<u>F</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>M</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
Date of Birth <u>June 30th 1924</u>				Date of Birth <u>May 5th 1924</u>				Date of Birth <u>July 16th 1924</u>			
FATHER				FATHER				FATHER			
Full name <u>Robert Emerson Knowles</u>				Full name <u>James George Pirie</u>				Full name <u>Larry E Shampson</u>			
Usual residence <u>Alford</u>		Age last birthday <u>34</u>		Usual residence <u>Alford</u>		Age last birthday <u>52</u>		Usual residence <u>Alford</u>		Age last birthday <u>35</u>	
Racial origin <u>English</u>		Birthplace <u>Alford</u>		Racial origin <u>Scottish</u>		Birthplace <u>Alford</u>		Racial origin <u>English</u>		Birthplace <u>Alford</u>	
OCCUPATION				OCCUPATION				OCCUPATION			
Trade or Profession <u>Merchant</u>				Trade or Profession <u>Farmer</u>				Trade or Profession <u>Merchant</u>			
Kind of industry or business in which employed <u>Hardware</u>				Kind of industry or business in which employed <u>Farming</u>				Kind of industry or business in which employed <u>Hardware</u>			
Full maiden name <u>Mary Buckley</u>				Full maiden name <u>Ada May Pirie</u>				Full maiden name <u>Alpha S Shampson</u>			
MOTHER				MOTHER				MOTHER			
Usual residence <u>Alford</u>		Age last birthday <u>31</u>		Usual residence <u>Alford</u>		Age last birthday <u>53</u>		Usual residence <u>Alford</u>		Age last birthday <u>35</u>	
Racial origin <u>Irish</u>		Birthplace <u>Alford</u>		Racial origin <u>Scottish</u>		Birthplace <u>Alford</u>		Racial origin <u>English</u>		Birthplace <u>Alford</u>	
Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>				Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>				Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>			
Occupation, if other than household duties				Occupation, if other than household duties				Occupation, if other than household duties			
Name of Informant <u>Robert Knowles</u>				Name of Informant <u>Ada E Shampson</u>				Name of Informant <u>Alpha S Shampson</u>			
Address <u>Alford</u>				Address <u>Alford</u>				Address <u>Alford</u>			
Name of Physician in attendance <u>Dr. Conner</u>				Name of Physician in attendance <u>Dr. Conner</u>				Name of Physician in attendance <u>Dr. Conner</u>			
Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of parent's registration <u>July 1st 1924</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of parent's registration <u>May 1st 1924</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of parent's registration <u>July 1st 1924</u>	

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1924

W. H. Smith D. R.



clark, beatrice rowsom, margaret mariam moulton, walter scott moulton, lenore estella dunn,  
douglas charles lowie lowrie, isabella wilson flockhart, charles william carney, high carney,  
caroline schlegel, marian ruth clayton, mark john clayton, grace very sherwood

# BIRTHS

County of Alford

Division of Sugarsale

No. 8		No. 9		No. 10	
County <u>Alford</u> Municipality <u>Sugarsale</u>		County <u>Alford</u> Municipality <u>Sugarsale</u>		County <u>Alford</u> Municipality <u>Sugarsale</u>	
Street and Number <u>King Street</u>		Street and Number <u>King Street</u>		Street and Number <u>King Street</u>	
Surname <u>Carbett</u>		Surname <u>Moulton</u>		Surname <u>Carney</u>	
Given names in full <u>William May</u>		Given names in full <u>Margaret Marian</u>		Given names in full <u>Charles William</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	
Date of Birth <u>June 13th 1924</u>		Date of Birth <u>June 17th 1924</u>		Date of Birth <u>June 17th 1924</u>	
Full name <u>Francis Roy Carbett</u>		Full name <u>Walter Scott Moulton</u>		Full name <u>Hugh Carney</u>	
Usual residence <u>St. Edgins</u> Age last birthday <u>30</u>		Usual residence <u>Windsor</u> Age last birthday <u>30</u>		Usual residence <u>Sugarsale</u> Age last birthday <u>3</u>	
FATHER: Racial origin <u>Canadian Ontario</u> Birth <u>Canada</u>		FATHER: Racial origin <u>English</u> Birth <u>England</u>		FATHER: Racial origin <u>Irish</u> Birth <u>Ireland</u>	
OCCUPATION: Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>Garage</u>		OCCUPATION: Trade or Profession <u>Telegrapher</u> Kind of industry or business in which employed <u>Telegraph</u>		OCCUPATION: Trade or Profession <u>Stationary Engineer</u> Kind of industry or business in which employed <u>Stationary</u>	
Full maiden name <u>Marie Louise McPherson</u>		Full maiden name <u>Marie Estelle Dunn</u>		Full maiden name <u>Caroline Schlegel</u>	
Usual residence <u>St. Edgins</u> Age last birthday <u>29</u>		Usual residence <u>Windsor</u> Age last birthday <u>30</u>		Usual residence <u>Sugarsale</u> Age last birthday <u>43</u>	
MOTHER: Racial origin <u>Canadian Ontario</u> Birth <u>Canada</u>		MOTHER: Racial origin <u>Scottish</u> Birth <u>Scotland</u>		MOTHER: Racial origin <u>Canadian</u> Birth <u>Canada</u>	
Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>—</u>		Occupation, if other than household duties <u>—</u>		Occupation, if other than household duties <u>—</u>	
Name of informant <u>Frank Carbett</u>		Name of informant <u>Ada L. Hedges</u>		Name of informant <u>Ada L. Hedges</u>	
Address <u>St. Edgins</u>		Address <u>Sugarsale</u>		Address <u>Sugarsale</u>	
Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Williams</u>	
Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>June 13/24</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>June 17/24</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>June 17/24</u>	
No. <u>1</u>		No. <u>2</u>		No. <u>3</u>	
County <u>Alford</u> Municipality <u>Sugarsale</u>		County <u>Alford</u> Municipality <u>Sugarsale</u>		County <u>Alford</u> Municipality <u>Sugarsale</u>	
Street and Number <u>King Street</u>		Street and Number <u>King Street</u>		Street and Number <u>King Street</u>	
Surname <u>Clark</u>		Surname <u>Lowrie</u>		Surname <u>Clayton</u>	
Given names in full <u>Myrtle Joyce</u>		Given names in full <u>Douglas Charles</u>		Given names in full <u>Marian Ruth</u>	
Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	
Date of Birth <u>June 20th 1924</u>		Date of Birth <u>June 21st 1924</u>		Date of Birth <u>June 24th 1924</u>	
Full name <u>Carl Martin Clark</u>		Full name <u>Charles Lowrie</u>		Full name <u>Mark John Clayton</u>	
Usual residence <u>Sugarsale</u> Age last birthday <u>35</u>		Usual residence <u>Sugarsale</u> Age last birthday <u>35</u>		Usual residence <u>Beachville</u> Age last birthday <u>39</u>	
FATHER: Racial origin <u>Canadian Ontario</u> Birth <u>Canada</u>		FATHER: Racial origin <u>Scottish</u> Birth <u>Scotland</u>		FATHER: Racial origin <u>English</u> Birth <u>England</u>	
OCCUPATION: Trade or Profession <u>Baker</u> Kind of industry or business in which employed <u>Bakery</u>		OCCUPATION: Trade or Profession <u>Labourer</u> Kind of industry or business in which employed <u>Insurance</u>		OCCUPATION: Trade or Profession <u>Labourer</u> Kind of industry or business in which employed <u>Insurance</u>	
Full maiden name <u>Marie Rousseau</u>		Full maiden name <u>Isabella Wilson Flockhart</u>		Full maiden name <u>Grace Very Sherwood</u>	
Usual residence <u>Sugarsale</u> Age last birthday <u>33</u>		Usual residence <u>Sugarsale</u> Age last birthday <u>35</u>		Usual residence <u>Beachville</u> Age last birthday <u>23</u>	
MOTHER: Racial origin <u>Canadian Ontario</u> Birth <u>Canada</u>		MOTHER: Racial origin <u>Scottish</u> Birth <u>Scotland</u>		MOTHER: Racial origin <u>Canadian Ontario</u> Birth <u>Canada</u>	
Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>—</u>		Occupation, if other than household duties <u>—</u>		Occupation, if other than household duties <u>—</u>	
Name of informant <u>J. C. Dring</u>		Name of informant <u>Chas. Lowrie</u>		Name of informant <u>J. C. Dring</u>	
Address <u>Sugarsale</u>		Address <u>Sugarsale</u>		Address <u>Sugarsale</u>	
Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Williams</u>	
Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>June 20/24</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>June 21/24</u>		Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>June 24/24</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of June & July 1924

W. J. Dring D. R.



# BIRTHS

moon, William ewart moon, bertha glady mison, james neison as nelson barnes, ruth william watt, jose marohaske, michael marohaske, ann shokvin shekvin, ruth elizabeth worth, henry george worth, fannie ann meatherell, willard cook copeland, aby percy copeland, matilda margaret copeland

County of Osceola

Division of Sugars

THIS SPACE TO BE RESERVED FOR BINDING

County No. <u>9</u> Municipality <u>Sugars</u>	County No. <u>9</u> Municipality <u>Sugars</u>	County No. <u>9</u> Municipality <u>Sugars</u>
Street and Number or Con. and Lot <u>William Street</u> (If in hospital, give name instead of street)	Street and Number or Con. and Lot <u>Band Street</u> (If in hospital, give name instead of street)	Street and Number or Con. and Lot <u>Band Street</u> (If in hospital, give name instead of street)
Surname <u>Rouland</u>	Surname <u>Barnes</u>	Surname <u>Wank</u>
Given name in full <u>Wray Douglas</u>	Given name in full <u>James Nelson</u>	Given name in full <u>Ruth Elizabeth</u>
Sex (M. or F.) <u>M</u> Trade or Profession <u>Yes</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u> Trade or Profession <u>Yes</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>F</u> Trade or Profession <u>Yes</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>
Date of Birth <u>July 15th 1924</u>	Date of Birth <u>July 15th 1924</u>	Date of Birth <u>July 22nd 1924</u>
FATHER: Full name <u>William James Rouland</u> Usual residence <u>Sugars</u> Age last birthday <u>25</u> Racial origin <u>English</u> Birthplace <u>England</u> Trade or Profession <u>Medical</u> Kind of industry or business in which employed	FATHER: Full name <u>John Nelson Barnes</u> Usual residence <u>Sugars</u> Age last birthday <u>26</u> Racial origin <u>English</u> Birthplace <u>Ontario</u> Trade or Profession <u>Labourer</u> Kind of industry or business in which employed	FATHER: Full name <u>George Wank</u> Usual residence <u>Bank Street</u> Age last birthday <u>40</u> Racial origin <u>English</u> Birthplace <u>Ontario</u> Trade or Profession <u>Labourer</u> Kind of industry or business in which employed
MOTHER: Full name <u>Genevieve Louise</u> Usual residence <u>Sugars</u> Age last birthday <u>23</u> Racial origin <u>English</u> Birthplace <u>Sugars</u> Number of children including this one <u>living 1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties	MOTHER: Full name <u>Ruth Lillian Wank</u> Usual residence <u>Sugars</u> Age last birthday <u>21</u> Racial origin <u>English</u> Birthplace <u>Ontario</u> Number of children including this one <u>living 2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties	MOTHER: Full name <u>Genevieve Wank</u> Usual residence <u>Bank Street</u> Age last birthday <u>33</u> Racial origin <u>English</u> Birthplace <u>Ontario</u> Number of children including this one <u>living 2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties
Name of Informant <u>Wm J Rouland</u>	Name of Informant <u>J N Barnes</u>	Name of Informant <u>Shelene E. Shadys</u>
Address <u>Sugars</u>	Address <u>Sugars</u>	Address <u>Sugars</u>
Name of Physician in attendance <u>Dr Williams</u>	Name of Physician in attendance <u>Dr. G. J. ...</u>	Name of Physician in attendance <u>Dr. ...</u>
Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>July 19, 1924</u>	Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>July 14, 1924</u>	Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>July 23, 1924</u>
County No. <u>9</u> Municipality <u>Sugars</u>	County No. <u>10</u> Municipality <u>Sugars</u>	County No. <u>9</u> Municipality <u>Sugars</u>
Street and Number or Con. and Lot <u>William Street</u>	Street and Number or Con. and Lot <u>Band Street</u>	Street and Number or Con. and Lot <u>Band Street</u>
Surname <u>Moon</u>	Surname <u>Marohaske</u>	Surname <u>Copeland</u>
Given name in full <u>Donald E. Moon</u>	Given name in full <u>Joseph</u>	Given name in full <u>Willard Cook</u>
Sex (M. or F.) <u>M</u> Trade or Profession <u>Yes</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u> Trade or Profession <u>Yes</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u> Trade or Profession <u>Yes</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u>
Date of Birth <u>July 15th 1924</u>	Date of Birth <u>Aug 2nd 1924</u>	Date of Birth <u>Aug 7th 1924</u>
FATHER: Full name <u>William Ewart Moon</u> Usual residence <u>Sugars</u> Age last birthday <u>31</u> Racial origin <u>English</u> Birthplace <u>Sugars</u> Trade or Profession <u>Salesman</u> Kind of industry or business in which employed	FATHER: Full name <u>Michael Marohaske</u> Usual residence <u>Bank Street</u> Age last birthday <u>43</u> Racial origin <u>Austrian</u> Birthplace <u>Austria</u> Trade or Profession <u>Labourer</u> Kind of industry or business in which employed	FATHER: Full name <u>Abby Gray Copeland</u> Usual residence <u>Sugars</u> Age last birthday <u>39</u> Racial origin <u>Irish</u> Birthplace <u>Winnipeg</u> Trade or Profession <u>Chief</u> Kind of industry or business in which employed <u>R.R.</u>
MOTHER: Full name <u>Bertha Gladys Mison</u> Usual residence <u>Sugars</u> Age last birthday <u>27</u> Racial origin <u>English</u> Birthplace <u>Ontario</u> Number of children including this one <u>living 3</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties	MOTHER: Full name <u>Anna Shekvin</u> Usual residence <u>Bank Street</u> Age last birthday <u>36</u> Racial origin <u>Austrian</u> Birthplace <u>Austria</u> Number of children including this one <u>living 10</u> dead <u>3</u> Still-born <u>0</u> Occupation, if other than household duties	MOTHER: Full name <u>Matilda Margaret Copeland</u> Usual residence <u>Sugars</u> Age last birthday <u>26</u> Racial origin <u>English</u> Birthplace <u>England</u> Number of children including this one <u>living 3</u> dead <u>1</u> Still-born <u>0</u> Occupation, if other than household duties
Name of Informant <u>Mr. E. E. Moon</u>	Name of Informant <u>Julia Mison</u>	Name of Informant <u>O. C. Copeland</u>
Address <u>Sugars</u>	Address <u>Sugars</u>	Address <u>Sugars</u>
Name of Physician in attendance <u>Dr. ...</u>	Name of Physician in attendance <u>Dr. ...</u>	Name of Physician in attendance <u>Dr. ...</u>
Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>July 19, 1924</u>	Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>July 14, 1924</u>	Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>July 19, 1924</u>

I hereby certify that the above are correct registrations of Births filed with me during the month of August 1924

W. B. ...    D. R.



webster, edward victor maxwell webster, leta muniel markham, jonanna cornwell, archibald john cornwell, ada pearl collins, harold george riley, charles wesley riley, margaret ethel may white, john motter eidt, charles eidt, almina motter, william wickham clark, ellis wickham clark, marsh isabel staples

# BIRTHS

County of Offord

Division of Sugars

No. 17  
 County Offord Municipality Sugars  
 Street and Number or Con. and Lot Bond Street  
 Surname Butler  
 Given names in full Deris Ellen  
 Sex (M. or F.) F Yes Yes Yes  
 Date of Birth July 27th 1924  
 Full maiden name Marion Butler  
 Usual residence Sugars Age last birthday 26  
 Racial origin Canadian Birth Ontario  
 Trade or Profession Mechanic  
 Kind of industry or business in which employed Brassfoundry  
 Full maiden name Marion Edith Henderson  
 Usual residence Sugars Age last birthday 33  
 Racial origin Canadian Birth Ontario  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties —

Name of Informant Marion Butler  
 Address Sugars  
 Name of Physician in attendance D. McLaughlin  
 Date of receipt of Physician's notice Yes Date of receipt of birth registration July 27/24

No. 2  
 County Offord Municipality Sugars  
 Street and Number or Con. and Lot Albert Street  
 Surname Webster  
 Given names in full John Webster Motter  
 Sex (M. or F.) M Yes Yes Yes  
 Date of Birth July 13th 1924  
 Full maiden name Marion Edith Henderson  
 Usual residence Walkermeier Age last birthday 21  
 Racial origin English Birth Offord  
 Trade or Profession Machine  
 Kind of industry or business in which employed —  
 Full maiden name Leta Muniel Markham  
 Usual residence Walkermeier Age last birthday 31  
 Racial origin Canadian Birth Sugars  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties —

Name of Informant Ms. Edward Webster  
 Address Walkermeier  
 Name of Physician in attendance D. McLaughlin  
 Date of receipt of Physician's notice Yes Date of receipt of birth registration July 14/24

No. 1  
 County Offord Municipality Sugars  
 Street and Number or Con. and Lot Marion Street  
 Surname Cornwall  
 Given names in full Johanna  
 Sex (M. or F.) F Yes Yes Yes  
 Date of Birth July 15th 1924  
 Full maiden name Princess Immaculate  
 Usual residence Massey Age last birthday 30  
 Racial origin English Birth Ontario  
 Trade or Profession Farmer  
 Kind of industry or business in which employed Farming  
 Full maiden name Phila Beal Collins  
 Usual residence Massey Age last birthday 34  
 Racial origin Canadian Birth Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties —

Name of Informant A. J. Cornwall  
 Address Massey, Ont.  
 Name of Physician in attendance D. McLaughlin  
 Date of receipt of Physician's notice Yes Date of receipt of birth registration July 15/24

No. 3  
 County Offord Municipality Sugars  
 Street and Number or Con. and Lot Carl Street  
 Surname Riley  
 Given names in full Harold George  
 Sex (M. or F.) M Yes Yes Yes  
 Date of Birth July 13th 1924  
 Full maiden name Marion Edith Henderson  
 Usual residence Sugars Age last birthday 31  
 Racial origin English Birth Ontario  
 Trade or Profession Iron Exporter  
 Kind of industry or business in which employed —  
 Full maiden name Margaret Ethel May White  
 Usual residence Sugars Age last birthday 31  
 Racial origin English Birth Ontario  
 Number of children including this one living 5 dead 0 Still-born 0  
 Occupation, if other than household duties —

Name of Informant C. W. Riley  
 Address Sugars  
 Name of Physician in attendance D. Cornish  
 Date of receipt of Physician's notice Yes Date of receipt of birth registration July 13/24

No. 2  
 County Offord Municipality Sugars  
 Street and Number or Con. and Lot King Street  
 Surname Eidt  
 Given names in full John Motter  
 Sex (M. or F.) M Yes Yes Yes  
 Date of Birth July 11th 1924  
 Full maiden name Charles A. Eidt  
 Usual residence Sugars Age last birthday 42  
 Racial origin German Birth Ontario  
 Trade or Profession Miler  
 Kind of industry or business in which employed Milking  
 Full maiden name Almina Motter  
 Usual residence Sugars Age last birthday 36  
 Racial origin German Birth Ontario  
 Number of children including this one living 6 dead 0 Still-born 0  
 Occupation, if other than household duties —

Name of Informant Charles A. Eidt  
 Address Sugars  
 Name of Physician in attendance D. Furlong  
 Date of receipt of Physician's notice Yes Date of receipt of birth registration July 11/24

No. 4  
 County Offord Municipality Sugars  
 Street and Number or Con. and Lot Windsor Street  
 Surname Clark  
 Given names in full William Wickham  
 Sex (M. or F.) M Yes Yes Yes  
 Date of Birth July 14th 1924  
 Full maiden name Ellen Wickham Clark  
 Usual residence Sugars Age last birthday 25  
 Racial origin English Birth Ontario  
 Trade or Profession Barman  
 Kind of industry or business in which employed —  
 Full maiden name Marsh Isabel Staples  
 Usual residence Sugars Age last birthday 22  
 Racial origin English Birth Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties —

Name of Informant Ed Clark  
 Address Sugars  
 Name of Physician in attendance D. Cornish  
 Date of receipt of Physician's notice Yes Date of receipt of birth registration July 14/24

I hereby certify that the above are correct registrations of Births filed with me during the month of August 1924

W. B. Smith D. R.

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

skinner, edward benry skinner, marguerite may chatterson,leanor doria,  
charles bruce wilford, rose o'bright, dorothy irene powell, joseph powell,  
cooper, edward moulton corbett, nelson corbett, beatrice vining

County of Jefferson

Division of Register

THIS SPACE TO BE RESERVED FOR BINDING

No. 1				No. 2				No. 3			
County <u>Jefferson</u> Municipality <u>Jefferson</u>				County <u>Jefferson</u> Municipality <u>Jefferson</u>				County <u>Jefferson</u> Municipality <u>Jefferson</u>			
Street and Number of Con. and Lot <u>Charles Street</u> <small>(If in hospital, give name instead of street)</small>				Street and Number of Con. and Lot <u>Charles Street</u> <small>(If in hospital, give name instead of street)</small>				Street and Number of Con. and Lot <u>Charles Street</u> <small>(If in hospital, give name instead of street)</small>			
Surname <u>Johman</u>				Surname <u>Darland</u>				Surname <u>Baume</u>			
Given names in full <u>Margaret Cecilia</u>				Given names in full <u>Eleanor</u>				Given names in full <u>Dorothy Irene</u>			
Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>No</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>Aug 13th 1924</u>				Date of Birth <u>Aug 13th 1924</u>				Date of Birth <u>Aug 26th 1924</u>			
Full name <u>Edward Johman</u>				Full name <u>Joseph Ed Baume</u>				Full name <u>Joseph Ed Baume</u>			
Usual residence <u>Jefferson</u>		Age last birthday <u>41</u>		Usual residence <u>Jefferson</u>		Age last birthday <u>41</u>		Usual residence <u>Jefferson</u>		Age last birthday <u>44</u>	
Racial origin <u>English</u>		Birth-place <u>—</u>		Racial origin <u>—</u>		Birth-place <u>—</u>		Racial origin <u>English</u>		Birth-place <u>England</u>	
TRADE OR PROFESSION <u>—</u>				TRADE OR PROFESSION <u>—</u>				TRADE OR PROFESSION <u>—</u>			
KIND OF INDUSTRY OR BUSINESS IN WHICH EMPLOYED <u>—</u>				KIND OF INDUSTRY OR BUSINESS IN WHICH EMPLOYED <u>—</u>				KIND OF INDUSTRY OR BUSINESS IN WHICH EMPLOYED <u>—</u>			
Full maiden name <u>Rose M Minard</u>				Full maiden name <u>Eleanor Darland</u>				Full maiden name <u>Alise Cooper</u>			
Usual residence <u>Jefferson</u>		Age last birthday <u>30</u>		Usual residence <u>Jefferson</u>		Age last birthday <u>30</u>		Usual residence <u>Jefferson</u>		Age last birthday <u>42</u>	
Racial origin <u>English</u>		Birth-place <u>Jefferson</u>		Racial origin <u>Canadian</u>		Birth-place <u>—</u>		Racial origin <u>English</u>		Birth-place <u>England</u>	
Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>				Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>				Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>			
Occupation, if other than household duties <u>—</u>				Occupation, if other than household duties <u>—</u>				Occupation, if other than household duties <u>—</u>			
Name of informant <u>Mr Edward Johman</u>				Name of informant <u>Ralph Williams</u>				Name of informant <u>Ralph Edward Baume</u>			
Address <u>Jefferson</u>				Address <u>Jefferson</u>				Address <u>Jefferson</u>			
Name of Physician in attendance <u>Dr Carmel</u>				Name of Physician in attendance <u>Dr Williams</u>				Name of Physician in attendance <u>Dr Carmel</u>			
Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of parent's registration <u>July 15/24</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of parent's registration <u>July 15/24</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of parent's registration <u>Aug 1/24</u>	
County <u>Jefferson</u> Municipality <u>Jefferson</u>				County <u>Jefferson</u> Municipality <u>Jefferson</u>				County <u>Jefferson</u> Municipality <u>Jefferson</u>			
Street and Number of Con. and Lot <u>King St</u> <small>(If in hospital, give name instead of street)</small>				Street and Number of Con. and Lot <u>Charles Street</u> <small>(If in hospital, give name instead of street)</small>				Street and Number of Con. and Lot <u>Charles Street</u> <small>(If in hospital, give name instead of street)</small>			
Surname <u>Skinner</u>				Surname <u>Bliffard</u>				Surname <u>Corbett</u>			
Given names in full <u>Edward Henry</u>				Given names in full <u>Charles Bruce</u>				Given names in full <u>Edward Moulton</u>			
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>Aug 26th 1924</u>				Date of Birth <u>Sept 12th 1924</u>				Date of Birth <u>Sept 6th 1924</u>			
Full name <u>Edward Henry Skinner</u>				Full name <u>Charles Bruce Bliffard</u>				Full name <u>Nelson Corbett</u>			
Usual residence <u>Jefferson</u>		Age last birthday <u>32</u>		Usual residence <u>Jefferson</u>		Age last birthday <u>26</u>		Usual residence <u>W. Elgin</u>		Age last birthday <u>37</u>	
Racial origin <u>English</u>		Birth-place <u>Ontario</u>		Racial origin <u>English</u>		Birth-place <u>Ontario</u>		Racial origin <u>Irish</u>		Birth-place <u>Ontario</u>	
TRADE OR PROFESSION <u>—</u>				TRADE OR PROFESSION <u>—</u>				TRADE OR PROFESSION <u>—</u>			
KIND OF INDUSTRY OR BUSINESS IN WHICH EMPLOYED <u>—</u>				KIND OF INDUSTRY OR BUSINESS IN WHICH EMPLOYED <u>—</u>				KIND OF INDUSTRY OR BUSINESS IN WHICH EMPLOYED <u>—</u>			
Full maiden name <u>Marguerite May Chatterson</u>				Full maiden name <u>Rose O'Bright</u>				Full maiden name <u>Beatrice Vining</u>			
Usual residence <u>Jefferson</u>		Age last birthday <u>30</u>		Usual residence <u>Jefferson</u>		Age last birthday <u>26</u>		Usual residence <u>W. Elgin</u>		Age last birthday <u>24</u>	
Racial origin <u>English</u>		Birth-place <u>Jefferson</u>		Racial origin <u>Irish</u>		Birth-place <u>Ontario</u>		Racial origin <u>English</u>		Birth-place <u>Ontario</u>	
Number of children including this one living <u>6</u> dead <u>2</u> Still-born <u>1</u>				Number of children including this one living <u>2</u> dead <u>1</u> Still-born <u>—</u>				Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>—</u>			
Occupation, if other than household duties <u>—</u>				Occupation, if other than household duties <u>—</u>				Occupation, if other than household duties <u>—</u>			
Name of informant <u>Mr Edward Skinner</u>				Name of informant <u>Helene Hedges</u>				Name of informant <u>B. H. Hearnick</u>			
Address <u>Jefferson</u>				Address <u>Jefferson</u>				Address <u>Mr Elgin</u>			
Name of Physician in attendance <u>Dr Carmel</u>				Name of Physician in attendance <u>Dr Carmel</u>				Name of Physician in attendance <u>Dr Carmel</u>			
Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of parent's registration <u>Aug 1/24</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of parent's registration <u>Aug 1/24</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of parent's registration <u>Aug 1/24</u>	

I hereby certify that the above are correct registrations of Births filed with me during the month of Sept 1924

W. A. Davis D. R.



william hannah collins, wilhelmina davidson, donald ross chute, alfred chute, mabel elizabeth chute, william reginald stone, reginald arthur stone, helen jeanette stone, betty june morris, ernest albert morris, janet bryden smith, ernest frederick sutherland, arthur james sutherland, mabel irene cove

# BIRTHS

County of Alford

Division of Dyersdale

No. 12		No. 1		No. 2	
County <u>Alford</u>		County <u>Alford</u>		County <u>Alford</u>	
Street and Number or Con. and Lot <u>Beare Street</u>		Street and Number or Con. and Lot <u>Beare Street</u>		Street and Number or Con. and Lot <u>Beare Street</u>	
Surname <u>Messenger</u>		Surname <u>Chute</u>		Surname <u>Morris</u>	
Given names in full <u>Jessie Irene</u>		Given names in full <u>Daniel Ross</u>		Given names in full <u>Betty June</u>	
Sex (M. or F.) <u>F</u>		Sex (M. or F.) <u>M</u>		Sex (M. or F.) <u>F</u>	
Date of Birth <u>July 21st 1924</u>		Date of Birth <u>Aug 2nd 1924</u>		Date of Birth <u>Aug 11th 1924</u>	
Full maiden name <u>William Edward Messenger</u>		Full maiden name <u>Alfred Chute</u>		Full maiden name <u>Ernest Albert Morris</u>	
Usual residence <u>Dyersdale</u>		Usual residence <u>Dyersdale</u>		Usual residence <u>Dyersdale</u>	
Racial origin <u>English</u>		Racial origin <u>English</u>		Racial origin <u>English</u>	
Trade or Profession <u>Labourer</u>		Trade or Profession <u>Labourer</u>		Trade or Profession <u>Farmer</u>	
Full maiden name <u>Ruth Messenger</u>		Full maiden name <u>Mabel Elizabeth Chute</u>		Full maiden name <u>Janet Bryden Smith</u>	
Usual residence <u>Dyersdale</u>		Usual residence <u>Dyersdale</u>		Usual residence <u>Dyersdale</u>	
Racial origin <u>English</u>		Racial origin <u>English</u>		Racial origin <u>Scottish</u>	
Occupation, if other than household duties		Occupation, if other than household duties		Occupation, if other than household duties	
Name of informant <u>William Edward Messenger</u>		Name of informant <u>A Chute</u>		Name of informant <u>Ernest Hedges</u>	
Address <u>Dyersdale</u>		Address <u>Dyersdale</u>		Address <u>Dyersdale</u>	
Name of Physician in attendance <u>Dr. Gurney</u>		Name of Physician in attendance <u>Dr. Gurney</u>		Name of Physician in attendance <u>Dr. Gurney</u>	
Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>	
County <u>Alford</u>		County <u>Alford</u>		County <u>Alford</u>	
Street and Number or Con. and Lot <u>Beare Street</u>		Street and Number or Con. and Lot <u>Beare Street</u>		Street and Number or Con. and Lot <u>Beare Street</u>	
Surname <u>Collins</u>		Surname <u>Stone</u>		Surname <u>Sutherland</u>	
Given names in full <u>Elizabeth Mary</u>		Given names in full <u>William Reginald</u>		Given names in full <u>Ernest Frederick</u>	
Sex (M. or F.) <u>F</u>		Sex (M. or F.) <u>M</u>		Sex (M. or F.) <u>M</u>	
Date of Birth <u>Aug 10th 1924</u>		Date of Birth <u>July 2nd 1924</u>		Date of Birth <u>Aug 14th 1924</u>	
Full maiden name <u>William James Collins</u>		Full maiden name <u>Reginald Arthur Stone</u>		Full maiden name <u>William James Sutherland</u>	
Usual residence <u>Dyersdale</u>		Usual residence <u>Dyersdale</u>		Usual residence <u>Dyersdale</u>	
Racial origin <u>Scottish</u>		Racial origin <u>English</u>		Racial origin <u>Scottish</u>	
Trade or Profession <u>Labourer</u>		Trade or Profession <u>Labourer</u>		Trade or Profession <u>Labourer</u>	
Full maiden name <u>Wilhelmina Davidson</u>		Full maiden name <u>Helen Jeanette Stone</u>		Full maiden name <u>Mabel Irene Cove</u>	
Usual residence <u>Dyersdale</u>		Usual residence <u>Dyersdale</u>		Usual residence <u>Dyersdale</u>	
Racial origin <u>Scottish</u>		Racial origin <u>English</u>		Racial origin <u>English</u>	
Occupation, if other than household duties		Occupation, if other than household duties		Occupation, if other than household duties	
Name of informant <u>Mr. W. J. Collins</u>		Name of informant <u>Alb Stone</u>		Name of informant <u>William James Sutherland</u>	
Address <u>Dyersdale</u>		Address <u>Dyersdale</u>		Address <u>Dyersdale</u>	
Name of Physician in attendance <u>Dr. Gurney</u>		Name of Physician in attendance <u>Dr. Gurney</u>		Name of Physician in attendance <u>Dr. Gurney</u>	
Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>		Date of receipt of Physician's notice <u>Yes</u>	

THIS SPACE TO BE RESERVED FOR BINDING

Thereby certify that the above are correct registrations of Births filed with me during the month of August 1924

W. Gurney D. R.



John Maxwell Webster, Arthur John Maxwell Webster, Olive Aine Maud Miner, Andrew Dunn, Stanley Dunn, Naomi Matilda Miner

# BIRTHS

County of Alford

Division of Surgeons

No. 2		No. 3		No. 4	
County <u>Alford</u> Municipality <u>Alford</u>		County <u>Alford</u> Municipality <u>Alford</u>		County <u>Alford</u> Municipality <u>Alford</u>	
Street and Number or Cor. and Lot <u>Victoria Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Cor. and Lot <u>Victoria Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Cor. and Lot <u>Victoria Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Danand</u>		Surname <u>Quilley</u>		Surname <u>Uthaler</u>	
Given names in full <u>David Wesley Danand</u>		Given names in full <u>Henry Bennett Quilley</u>		Given names in full <u>William John Maxwell Uthaler</u>	
Sex (M. or F.) <u>M</u>	Type or Triplet	Sex (M. or F.) <u>M</u>	Type or Triplet	Sex (M. or F.) <u>M</u>	Type or Triplet
Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>Sept 30th 1924</u>		Date of Birth <u>Sept 9th 1924</u>		Date of Birth <u>Sept 9th 1924</u>	
Full name <u>David Wesley Danand</u>		Full name <u>Henry Bennett Quilley</u>		Full name <u>William John Maxwell Uthaler</u>	
Usual residence <u>Alford</u>	Age last birthday <u>30</u>	Usual residence <u>Alford</u>	Age last birthday <u>35</u>	Usual residence <u>Alford</u>	Age last birthday <u>26</u>
FATHER	Racial origin <u>Irish</u>	Birth-place <u>Canada</u>	FATHER	Racial origin <u>English</u>	Birth-place <u>England</u>
OCCUPATION	Trade or Profession <u>Farmer</u>	Kind of industry or business in which employed <u>Farming</u>	OCCUPATION	Trade or Profession <u>Physician</u>	Kind of industry or business in which employed
Full maiden name <u>Malvina Kneese</u>		Full maiden name <u>Marquise Durigh</u>		Full maiden name <u>Aline Maud Bradley</u>	
Usual residence <u>Alford</u>	Age last birthday <u>31</u>	Usual residence <u>Alford</u>	Age last birthday <u>32</u>	Usual residence <u>Alford</u>	Age last birthday <u>25</u>
MOTHER	Racial origin <u>Scottish</u>	Birth-place <u>Canada</u>	MOTHER	Racial origin <u>English</u>	Birth-place <u>Alford</u>
Number of children including this one	Living <u>1</u> dead <u>0</u> Still-born <u>0</u>	Number of children including this one	Living <u>2</u> dead <u>0</u> Still-born <u>0</u>	Number of children including this one	Living <u>3</u> dead <u>1</u> Still-born <u>0</u>
Occupation, if other than household duties		Occupation, if other than household duties		Occupation, if other than household duties	
Name of Informant <u>Ada L. Hedges</u>		Name of Informant <u>W. B. Quilley</u>		Name of Informant <u>W. M. Uthaler</u>	
Address <u>Alford</u>		Address <u>Alford</u>		Address <u>Alford</u>	
Name of Physician in attendance <u>Dr. Rogers</u>		Name of Physician in attendance <u>Dr. Cornish</u>		Name of Physician in attendance <u>Dr. Cornish</u>	
Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Sept 30th 1924</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Sept 9th 1924</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Sept 9th 1924</u>
No. 5		No. 6		No. 7	
County <u>Alford</u> Municipality <u>Alford</u>		County <u>Alford</u> Municipality <u>Alford</u>		County <u>Alford</u> Municipality <u>Alford</u>	
Street and Number or Cor. and Lot <u>Victoria Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Cor. and Lot <u>Victoria Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Cor. and Lot <u>Victoria Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Smith</u>		Surname <u>Alceen</u>		Surname <u>Dunn</u>	
Given names in full <u>James Robert</u>		Given names in full <u>Doris Jean</u>		Given names in full <u>Allan Andrew</u>	
Sex (M. or F.) <u>M</u>	Type or Triplet	Sex (M. or F.) <u>M</u>	Type or Triplet	Sex (M. or F.) <u>M</u>	Type or Triplet
Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>
Date of Birth <u>Sept 9th 1924</u>		Date of Birth <u>Oct 3rd 1924</u>		Date of Birth <u>Oct 3rd 1924</u>	
Full name <u>William Arthur Smith</u>		Full name <u>Frank Alceen</u>		Full name <u>Stanley Dunn</u>	
Usual residence <u>Alford</u>	Age last birthday <u>30</u>	Usual residence <u>Alford</u>	Age last birthday <u>35</u>	Usual residence <u>Alford</u>	Age last birthday <u>41</u>
FATHER	Racial origin <u>Canadian</u>	Birth-place <u>Canada</u>	FATHER	Racial origin <u>English</u>	Birth-place <u>Michigan</u>
OCCUPATION	Trade or Profession <u>Bricklayer</u>	Kind of industry or business in which employed	OCCUPATION	Trade or Profession <u>Farmer</u>	Kind of industry or business in which employed <u>Dairy</u>
Full maiden name <u>Elizabeth May Jeffries</u>		Full maiden name <u>Esther Kelleway</u>		Full maiden name <u>Naomi Matilda Miner</u>	
Usual residence <u>Alford</u>	Age last birthday <u>25</u>	Usual residence <u>Alford</u>	Age last birthday <u>30</u>	Usual residence <u>Alford</u>	Age last birthday <u>36</u>
MOTHER	Racial origin <u>English</u>	Birth-place <u>England</u>	MOTHER	Racial origin <u>English</u>	Birth-place <u>W.S.A.</u>
Number of children including this one	Living <u>4</u> dead <u>0</u> Still-born <u>0</u>	Number of children including this one	Living <u>6</u> dead <u>1</u> Still-born <u>0</u>	Number of children including this one	Living <u>3</u> dead <u>0</u> Still-born <u>0</u>
Occupation, if other than household duties		Occupation, if other than household duties		Occupation, if other than household duties	
Name of Informant <u>W. A. Smith</u>		Name of Informant <u>Ada L. Hedges</u>		Name of Informant <u>Ada L. Hedges</u>	
Address <u>Alford</u>		Address <u>Alford</u>		Address <u>Alford</u>	
Name of Physician in attendance <u>Dr. Quilley</u>		Name of Physician in attendance <u>Dr. Cornish</u>		Name of Physician in attendance <u>Dr. Rogers</u>	
Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Sept 9th 1924</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Oct 4th 1924</u>	Date of receipt of Physician's notice <u>Yes</u>	Date of receipt of parent's registration <u>Oct 3rd 1924</u>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of October 1924

W. A. Smith D. R.



# BIRTHS

Thomas George Montrose, Frederick George Montrose, William Archibald Schram, Josephine Sharp, Charles Arthur Barrow, Roderick Alexander Barrow, Hannah Sofia, Edith Wood, John William Fleischer, Philip Theodore Fleischer, Maude Elizabeth Lewis, William Wray Wilford, Wray Denzel Wilford, Gladys Stone, Ruby Ellen Cucksey, Archie Cucksey, Dora Elizabeth Hughes

County of Offord

Division of Superior

No. 5

County Offord Municipality Windsor

Street and Number or Con. and Lot Windsor Hospital  
(If in hospital, give name instead of street)

Surname Manuel

Given names in full Thomas George

Sex M. Male  Female  Twins or Triplet  Was child born alive?  Are the parents married?

Date of Birth Oct 9th 1924

FATHER: Full name Manuel Louis Manuel Usual residence Superior Ont. Age last birthday 32 Racial origin English Birth Canada Occupation Farmer

MOTHER: Full maiden name Marie Alice Shelton Usual residence Superior Ont. Age last birthday 34 Racial origin English Birth Canada Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Ada S. Hedges Address Superior Name of Physician in attendance Dr. Rogers Date of receipt of Physician's notice Yes Date of receipt of parent's registration Oct 10/24

No. 7

County Offord Municipality Windsor

Street and Number or Con. and Lot Windsor Hospital  
(If in hospital, give name instead of street)

Surname Barrow

Given names in full Charles Arthur

Sex M. Male  Female  Twins or Triplet  Was child born alive?  Are the parents married?

Date of Birth Oct 14th 1924

FATHER: Full name Roderick Alexander Barrow Usual residence Superior Age last birthday 22 Racial origin English Birth Superior Occupation Mechanical

MOTHER: Full maiden name Maude Elizabeth Lewis Usual residence Superior Age last birthday 22 Racial origin English Birth Michigan Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Maude A. Barrow Address Superior Name of Physician in attendance Dr. Ferguson Date of receipt of Physician's notice Yes Date of receipt of parent's registration Oct 14/24

No. 10

County Offord Municipality Windsor

Street and Number or Con. and Lot Windsor Hospital  
(If in hospital, give name instead of street)

Surname Wilford

Given names in full Wray Denzel

Sex M. Male  Female  Twins or Triplet  Was child born alive?  Are the parents married?

Date of Birth Oct 16th 1924

FATHER: Full name Wray Denzel Wilford Usual residence Superior Age last birthday 24 Racial origin English Birth Ontario Occupation Farmer

MOTHER: Full maiden name Gladys Stone Usual residence Superior Age last birthday 23 Racial origin English Birth Ontario Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Wray Wilford Address Superior Name of Physician in attendance Dr. Rogers Date of receipt of Physician's notice Yes Date of receipt of parent's registration Oct 17/24

No. 11

County Offord Municipality Windsor

Street and Number or Con. and Lot Windsor Hospital  
(If in hospital, give name instead of street)

Surname Schram

Given names in full William Archibald

Sex M. Male  Female  Twins or Triplet  Was child born alive?  Are the parents married?

Date of Birth Oct 6th 1924

FATHER: Full name William Archibald Schram Usual residence Superior Age last birthday 21 Racial origin Canadian Birth Ontario Occupation Butcher

MOTHER: Full maiden name Josephine Sharp Usual residence Superior Age last birthday 24 Racial origin Canadian Birth Ontario Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Mrs. E. W. Blair Address Superior Name of Physician in attendance Dr. Lumbert Date of receipt of Physician's notice Yes Date of receipt of parent's registration Oct 9/24

No. 12

County Offord Municipality Windsor

Street and Number or Con. and Lot Windsor Hospital  
(If in hospital, give name instead of street)

Surname Fleischer

Given names in full Philip Theodore

Sex M. Male  Female  Twins or Triplet  Was child born alive?  Are the parents married?

Date of Birth Oct 24th 1924

FATHER: Full name Philip Theodore Fleischer Usual residence Superior Age last birthday 27 Racial origin Scotch Birth Ontario Occupation Salesman

MOTHER: Full maiden name Maude Elizabeth Lewis Usual residence Superior Age last birthday 23 Racial origin English Birth Ontario Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant P. D. Fleischer Address Superior Name of Physician in attendance Dr. Lumbert Date of receipt of Physician's notice Yes Date of receipt of parent's registration Oct 24/24

No. 13

County Offord Municipality Windsor

Street and Number or Con. and Lot Windsor Hospital  
(If in hospital, give name instead of street)

Surname Cucksey

Given names in full Ruby Ellen

Sex F. Female  Male  Twins or Triplet  Was child born alive?  Are the parents married?

Date of Birth Oct 27th 1924

FATHER: Full name Archie Cucksey Usual residence Superior Age last birthday 27 Racial origin English Birth Canada Occupation Accountant

MOTHER: Full maiden name Dora Elizabeth Hughes Usual residence Superior Age last birthday 20 Racial origin English Birth Canada Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

Name of Informant Ada S. Hedges Address Superior Name of Physician in attendance Dr. Williams Date of receipt of Physician's notice Yes Date of receipt of parent's registration Oct 27/24

I hereby certify that the above are correct registrations of Births filed with me during the month of Oct-Nov 1924

W. R. Smith - D. R.

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

coles, roy edward coles, blanche elizabeth coles, walter neilson coles, francis winlaw, minnie etheleth moses, thomas morrison, marie hennesse, hennesse, marjorie bernice forman, william arthur chalmers forman, lea stone, marjorie pauline ackert, russell wilbert ackert, florence allen

County of Alford

Division of Englewood

County No. <u>3</u>	County No. <u>X</u>	County No. <u>3</u>
County <u>Alford</u> Municipality <u>Englewood</u>	County <u>Alford</u> Municipality <u>Englewood</u>	County <u>Alford</u> Municipality <u>Englewood</u>
Street and Number <u>Central Street</u> <small>(If in hospital, give name instead of street)</small>	Street and Number <u>Central Street</u> <small>(If in hospital, give name instead of street)</small>	Street and Number <u>Central Street</u> <small>(If in hospital, give name instead of street)</small>
Surname <u>Spaulds</u>	Surname <u>Whitlaw</u>	Surname <u>Forman</u>
Given names in full <u>Annice Marnie</u>	Given names in full <u>Walter Nelson</u>	Given names in full <u>Marjorie Bernice</u>
Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Are the parents married <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Are the parents married <u>Yes</u>	Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Are the parents married <u>Yes</u>
Date of Birth <u>Oct 17th 1924</u>	Date of Birth <u>Nov 7th 1924</u>	Date of Birth <u>Oct 29th 1924</u>
FATHER: Full name <u>Edward Norman Spaulds</u> Usual residence <u>Englewood</u> Age last birthday <u>23</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Occupation <u>Alphalator</u>	FATHER: Full name <u>Walter Francis Whitlaw</u> Usual residence <u>Beachville</u> Age last birthday <u>33</u> Racial origin <u>Scottish</u> Birth-place <u>Ontario</u> Occupation <u>Gen. - Coal Business</u>	FATHER: Full name <u>William Arthur Chalmers Forman</u> Usual residence <u>Englewood</u> Age last birthday <u>37</u> Racial origin <u>Scottish</u> Birth-place <u>Ontario</u> Occupation <u>Merchant</u>
MOTHER: Full maiden name <u>Annice Rhoda Smith</u> Usual residence <u>Englewood</u> Age last birthday <u>24</u> Racial origin <u>Scottish</u> Birth-place <u>Ontario</u> Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER: Full maiden name <u>Minnie Estlin Moses</u> Usual residence <u>Beachville</u> Age last birthday <u>32</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>4</u> dead <u>2</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER: Full maiden name <u>Maile Bernice Stone</u> Usual residence <u>Englewood</u> Age last birthday <u>30</u> Racial origin <u>English</u> Birth-place <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>
Name of Informant <u>Edward N Spaulds</u> Address <u>Englewood</u> Name of Physician in attendance <u>Dr. Williams</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Nov 13/24</u>	Name of Informant <u>Ada L. Hedges</u> Address <u>Englewood</u> Name of Physician in attendance <u>Dr. Williams</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Nov 7/24</u>	Name of Informant <u>Mrs. W. H. Forman</u> Address <u>Englewood</u> Name of Physician in attendance <u>Dr. Luntzer</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Oct 29/24</u>
County No. <u>1</u>	County No. <u>2</u>	County No. <u>3</u>
County <u>Alford</u> Municipality <u>Englewood</u>	County <u>Alford</u> Municipality <u>Englewood</u>	County <u>Alford</u> Municipality <u>Englewood</u>
Street and Number <u>Central Street</u> <small>(If in hospital, give name instead of street)</small>	Street and Number <u>King Street</u> <small>(If in hospital, give name instead of street)</small>	Street and Number <u>Central Street</u> <small>(If in hospital, give name instead of street)</small>
Surname <u>Cole</u>	Surname <u>Morrison</u>	Surname <u>Ackert</u>
Given names in full <u>Roy Edward</u>	Given names in full <u>James Morrison</u>	Given names in full <u>Russell Wilbert</u>
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Are the parents married <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Are the parents married <u>Yes</u>	Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Are the parents married <u>Yes</u>
Date of Birth <u>Nov 10th 1924</u>	Date of Birth <u>Nov 29th 1924</u>	Date of Birth <u>Nov 19th 1924</u>
FATHER: Full name <u>Roy Edward Cole</u> Usual residence <u>Englewood</u> Age last birthday <u>34</u> Racial origin <u>Canadian</u> Birth-place <u>Ontario</u> Occupation <u>Seamster</u>	FATHER: Full name <u>James Morrison</u> Usual residence <u>Englewood</u> Age last birthday <u>28</u> Racial origin <u>Irish</u> Birth-place <u>New York</u> Occupation <u>Manufacturing</u>	FATHER: Full name <u>Russell Wilbert Ackert</u> Usual residence <u>Englewood</u> Age last birthday <u>30</u> Racial origin <u>Canadian</u> Birth-place <u>Englewood</u> Occupation <u>Machinist</u>
MOTHER: Full maiden name <u>Blanche Elizabeth Tracey</u> Usual residence <u>Englewood</u> Age last birthday <u>20</u> Racial origin <u>Canadian</u> Birth-place <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER: Full maiden name <u>Marie Hennessey</u> Usual residence <u>Englewood</u> Age last birthday <u>24</u> Racial origin <u>Irish</u> Birth-place <u>Englewood</u> Number of children including this one living <u>1</u> dead <u>1</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	MOTHER: Full maiden name <u>Florence Allen</u> Usual residence <u>Englewood</u> Age last birthday <u>21</u> Racial origin <u>English</u> Birth-place <u>Englewood</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>
Name of Informant <u>Mrs. Roy C. Cole</u> Address <u>Dr. Gurling + Englewood</u> Name of Physician in attendance <u>Dr. Gurling + Englewood</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Nov 19/24</u>	Name of Informant <u>Sho. Morrison</u> Address <u>Englewood</u> Name of Physician in attendance <u>Dr. Williams</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Nov 29/24</u>	Name of Informant <u>Russell Wilbert Ackert</u> Address <u>Englewood</u> Name of Physician in attendance <u>Dr. Gurling</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Nov 19/24</u>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of Nov Dec 1924

W. D. Smith D. R.



# BIRTHS

Charles H. Jones, Maria B. Jones, William Jones, Margaret Jones, Andrew, Isea Alberta Smith, Eleanor Sarah Jones, Albert Isaac Jones, Sarah Elizabeth Foster, Ruth Labelle Connor, Harry Connor, Violet Aleta McCreedy, Mildred Irene Smith, Charles Ernest Smith, Alta Irene Holden

County of Offord

Division of Ingersoll

No. <u>X</u>	No. <u>S</u>	No. <u>9</u>
County <u>Offord</u> Street and Number <u>121 Murray Street</u> Surname <u>Moore</u> Given names in full <u>Charles Francis</u> Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u> Date of Birth <u>Nov 26th 1924</u> Full name <u>Franklin Moore</u> Usual residence <u>Ingersoll</u> Age last birthday <u>40</u> Racial origin <u>English</u> Birth <u>Ontario</u> Trade or Profession <u>Alphalater</u> Kind of Industry or business in which employed <u>furniture</u> Full maiden name <u>Jessie Cole</u> Usual residence <u>Ingersoll</u> Age last birthday <u>32</u> Racial origin <u>English</u> Birth <u>Ontario</u> Number of children including this one    living <u>2</u> dead <u>0</u> Still-born <u>1</u> Occupation, if other than household duties	County <u>Offord</u> Street and Number <u>101 The Mackenzie</u> Surname <u>Andrew</u> Given names in full <u>Margaret Louise</u> Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u> Date of Birth <u>Dec 17th 1924</u> Full name <u>Elph Merlon Andrew</u> Usual residence <u>Ingersoll</u> Age last birthday <u>25</u> Racial origin <u>English</u> Birth <u>Ontario</u> Trade or Profession <u>Agent</u> Kind of Industry or business in which employed <u>Insurance</u> Full maiden name <u>Ada Alberta Smith</u> Usual residence <u>Ingersoll</u> Age last birthday <u>25</u> Racial origin <u>English</u> Birth <u>Ontario</u> Number of children including this one    living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties	County <u>Offord</u> Street and Number <u>101 The Mackenzie</u> Surname <u>Connor</u> Given names in full <u>Ruth Labelle</u> Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u> Date of Birth <u>Dec 15th 1924</u> Full name <u>Henry Connor</u> Usual residence <u>Offord</u> Age last birthday <u>34</u> Racial origin <u>English</u> Birth <u>Ontario</u> Trade or Profession <u>Teacher</u> Kind of Industry or business in which employed <u>St. Mary</u> Full maiden name <u>Violet Aleta McCreedy</u> Usual residence <u>Offord</u> Age last birthday <u>30</u> Racial origin <u>English</u> Birth <u>Ontario</u> Number of children including this one    living <u>0</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties
County <u>Offord</u> Street and Number <u>101 The Mackenzie</u> Surname <u>Jones</u> Given names in full <u>Shirley Elizabeth</u> Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u> Date of Birth <u>Dec 22nd 1924</u> Full name <u>Charles Lloyd Jones</u> Usual residence <u>Orchard</u> Age last birthday <u>26</u> Racial origin <u>English</u> Birth <u>Ontario</u> Trade or Profession <u>Farmer</u> Kind of Industry or business in which employed Full maiden name <u>Union Louise Mitchell</u> Usual residence <u>Orchard</u> Age last birthday <u>20</u> Racial origin <u>English</u> Birth <u>Ontario</u> Number of children including this one    living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties	County <u>Offord</u> Street and Number <u>101 The Mackenzie</u> Surname <u>Jones</u> Given names in full <u>Eleanor Sarah</u> Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u> Date of Birth <u>Dec 2nd 1924</u> Full name <u>Albert Isaac Jones</u> Usual residence <u>Ingersoll</u> Age last birthday <u>21</u> Racial origin <u>English</u> Birth <u>Ontario</u> Trade or Profession <u>Care Maker</u> Kind of Industry or business in which employed <u>Family</u> Full maiden name <u>Anna Elizabeth Foster</u> Usual residence <u>Ingersoll</u> Age last birthday <u>19</u> Racial origin <u>English</u> Birth <u>Ontario</u> Number of children including this one    living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties	County <u>Offord</u> Street and Number <u>101 The Mackenzie</u> Surname <u>Smith</u> Given names in full <u>Mildred Irene</u> Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u> Are the parents married? <u>Yes</u> Date of Birth <u>Dec 9th 1924</u> Full name <u>Charles Ernest Smith</u> Usual residence <u>Ingersoll</u> Age last birthday <u>19</u> Racial origin <u>British</u> Birth <u>Ontario</u> Trade or Profession <u>Truck Driver</u> Kind of Industry or business in which employed <u>Trucking Co.</u> Full maiden name <u>Alta Irene Holden</u> Usual residence <u>Ingersoll</u> Age last birthday <u>26</u> Racial origin <u>British</u> Birth <u>Ontario</u> Number of children including this one    living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of December 1924

W. B. Smith D. R.



# BIRTHS

henry todd, eda mckee, james howard aseltine, howard stacey, mitchell, donald lee, george lee, wong hu hse, john copeland, james copeland, mary shields

County of Alford

Division of Virginia

No. <u>1</u>	No. <u>2</u>	No. <u>3</u>
County <u>Alford</u> Street and Number <u>Charles Keastee</u> Surname <u>Lewis</u> Given names in full <u>Edith May</u> Sex <u>F</u> <input checked="" type="checkbox"/> Twin or Triplet <input type="checkbox"/> Was child born alive <input checked="" type="checkbox"/> Are the parents married <input checked="" type="checkbox"/> Date of Birth <u>Jan 21st 1925</u>	County <u>Alford</u> Street and Number <u>King Street</u> Surname <u>Sadd</u> Given names in full <u>Sarah Mary</u> Sex <u>F</u> <input checked="" type="checkbox"/> Twin or Triplet <input type="checkbox"/> Was child born alive <input checked="" type="checkbox"/> Are the parents married <input checked="" type="checkbox"/> Date of Birth <u>Jan 4th 1925</u>	County <u>Alford</u> Street and Number <u>James Street</u> Surname <u>Lee</u> Given names in full <u>George</u> Sex <u>M</u> <input checked="" type="checkbox"/> Twin or Triplet <input type="checkbox"/> Was child born alive <input checked="" type="checkbox"/> Are the parents married <input checked="" type="checkbox"/> Date of Birth <u>Jan 21st 1925</u>
<b>FATHER</b> Full name <u>Charles Lewis</u> Age last birthday <u>41</u> Usual residence <u>Virginia</u> Racial origin <u>English</u> Birthplace <u>England</u> Occupation <u>laborer</u> Trade or Profession <u>laborer</u> Kind of industry or business in which employed <u>-</u>	<b>FATHER</b> Full name <u>Henry Sadd</u> Age last birthday <u>40</u> Usual residence <u>Virginia</u> Racial origin <u>English</u> Birthplace <u>Canada</u> Occupation <u>laborer</u> Trade or Profession <u>laborer</u> Kind of industry or business in which employed <u>-</u>	<b>FATHER</b> Full name <u>George Lee</u> Age last birthday <u>44</u> Usual residence <u>Virginia</u> Racial origin <u>China</u> Birthplace <u>China</u> Occupation <u>laundry</u> Trade or Profession <u>laundry</u> Kind of industry or business in which employed <u>-</u>
<b>MOTHER</b> Full maiden name <u>Sarah Lewis</u> Age last birthday <u>31</u> Usual residence <u>Virginia</u> Racial origin <u>English</u> Birthplace <u>England</u> Number of children including this one <u>3</u> living <u>3</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	<b>MOTHER</b> Full maiden name <u>Ella Mikee</u> Age last birthday <u>36</u> Usual residence <u>Virginia</u> Racial origin <u>English</u> Birthplace <u>Canada</u> Number of children including this one <u>3</u> living <u>3</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	<b>MOTHER</b> Full maiden name <u>Wang Lee</u> Age last birthday <u>40</u> Usual residence <u>Virginia</u> Racial origin <u>China</u> Birthplace <u>China</u> Number of children including this one <u>2</u> living <u>4</u> dead <u>1</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>
Name of informant <u>Julia Christian</u> Address <u>Virginia</u> Name of Physician in attendance <u>Dr. Barclay</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Jan 21st 1925</u>	Name of informant <u>Henry Sadd</u> Address <u>Virginia</u> Name of Physician in attendance <u>Dr. Liberman</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Jan 4th 1925</u>	Name of informant <u>George Lee</u> Address <u>Virginia</u> Name of Physician in attendance <u>Dr. Macdonald</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Jan 21st 1925</u>
No. <u>1</u> County <u>Alford</u> Street and Number <u>Five Street</u> Surname <u>Haughton</u> Given names in full <u>Helen Myronne</u> Sex <u>F</u> <input checked="" type="checkbox"/> Twin or Triplet <input type="checkbox"/> Was child born alive <input checked="" type="checkbox"/> Are the parents married <input checked="" type="checkbox"/> Date of Birth <u>Jan 11th 1925</u>	No. <u>2</u> County <u>Alford</u> Street and Number <u>Charles Keastee</u> Surname <u>Aseltine</u> Given names in full <u>James Howard</u> Sex <u>M</u> <input checked="" type="checkbox"/> Twin or Triplet <input type="checkbox"/> Was child born alive <input checked="" type="checkbox"/> Are the parents married <input checked="" type="checkbox"/> Date of Birth <u>Jan 20th 1925</u>	No. <u>3</u> County <u>Alford</u> Street and Number <u>Charles Keastee</u> Surname <u>Copeland</u> Given names in full <u>John</u> Sex <u>M</u> <input checked="" type="checkbox"/> Twin or Triplet <input type="checkbox"/> Was child born alive <input checked="" type="checkbox"/> Are the parents married <input checked="" type="checkbox"/> Date of Birth <u>Jan 29th 1925</u>
<b>FATHER</b> Full name <u>Joseph Haughton</u> Age last birthday <u>30</u> Usual residence <u>Virginia</u> Racial origin <u>Canadian</u> Birthplace <u>Virginia</u> Occupation <u>mechanic</u> Trade or Profession <u>mechanic</u> Kind of industry or business in which employed <u>-</u>	<b>FATHER</b> Full name <u>Howard Stacey Aseltine</u> Age last birthday <u>32</u> Usual residence <u>Barham Mich</u> Racial origin <u>English</u> Birthplace <u>Ontario</u> Occupation <u>laborer</u> Trade or Profession <u>laborer</u> Kind of industry or business in which employed <u>-</u>	<b>FATHER</b> Full name <u>James Copeland</u> Age last birthday <u>36</u> Usual residence <u>Virginia</u> Racial origin <u>Scottish</u> Birthplace <u>Scotland</u> Occupation <u>Whitman</u> Trade or Profession <u>Whitman</u> Kind of industry or business in which employed <u>Chese</u>
<b>MOTHER</b> Full maiden name <u>Elizabeth Barrow</u> Age last birthday <u>32</u> Usual residence <u>Virginia</u> Racial origin <u>Canadian</u> Birthplace <u>Virginia</u> Number of children including this one <u>5</u> living <u>5</u> dead <u>1</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	<b>MOTHER</b> Full maiden name <u>Charlotte Mitchell</u> Age last birthday <u>32</u> Usual residence <u>Barham Mich</u> Racial origin <u>English</u> Birthplace <u>Ontario</u> Number of children including this one <u>2</u> living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	<b>MOTHER</b> Full maiden name <u>Mary Shields</u> Age last birthday <u>34</u> Usual residence <u>Virginia</u> Racial origin <u>Scottish</u> Birthplace <u>Scotland</u> Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>
Name of informant <u>Mrs. Thomas Jones</u> Address <u>Virginia</u> Name of Physician in attendance <u>Dr. Barclay</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Jan 11th 1925</u>	Name of informant <u>Howard S. Aseltine</u> Address <u>Barham Mich.</u> Name of Physician in attendance <u>Dr. Lambert</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Jan 20th 1925</u>	Name of informant <u>James Copeland</u> Address <u>Virginia</u> Name of Physician in attendance <u>Dr. Barclay</u> Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Jan 29th 1925</u>

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I hereby certify that the above are correct registrations of Births filed with me during the month of Jan 22nd 1925

D. R.



# BIRTHS

Thomas James Boniface, Alfred Boniface, Nellie Coombes, Catherine Agnes Bain, Howard Douglas Bain, Grace Isabel Moffatt, William George Fordham, George Thomas Fordham, Elizabeth Mary Springall, Mary Jane Dunn, David Joseph Dunn, Grace Marguerite Sumner, Vera Mae Parsons, Harold Parsons, Rose Lillian Barnes

County of Offord

Division of Singerssee

County <u>Offord</u> Municipality <u>Singerssee</u> Street and Number or Con. and Lot <u>King Street</u> (If in hospital, give name instead of street)	County <u>Offord</u> Municipality <u>Singerssee</u> Street and Number or Con. and Lot <u>King Street</u> (If in hospital, give name instead of street)	County <u>Offord</u> Municipality <u>Singerssee</u> Street and Number or Con. and Lot <u>King Street</u> (If in hospital, give name instead of street)
<p>No. <u>17</u></p> <p>Surname <u>Luceas</u></p> <p>Given names in full <u>Constance Regina</u></p> <p>Sex (M. or F.) <u>F</u> Twin or Triplet <u>no</u> Was child born alive <u>yes</u> Are the parents married <u>yes</u></p> <p>Date of Birth <u>Dec 21st 1924</u></p> <p>Full name <u>Constance Regina Luceas</u></p> <p>Usual residence <u>Singerssee</u> Age last birthday <u>33</u></p> <p>Racial origin <u>English</u> Birth <u>England</u></p> <p>Trade or Profession <u>Post Office</u></p> <p>Kind of Industry or business in which employed <u>Highway</u></p> <p>Full maiden name <u>Elizabeth Mary Rich Brien</u></p> <p>Usual residence <u>Singerssee</u> Age last birthday <u>33</u></p> <p>Racial origin <u>English</u> Birth <u>England</u></p> <p>Number of children including this one <u>3</u> living <u>3</u> dead <u>0</u> Still-born <u>0</u></p> <p>Occupation, if other than household duties</p> <p>Name of Informant <u>J. S. O. Luceas</u></p> <p>Address <u>Singerssee</u></p> <p>Name of Physician in attendance <u>Dr. McDonald</u></p> <p>Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Dec 22nd 1924</u></p>	<p>No. <u>2</u></p> <p>Surname <u>Bain</u></p> <p>Given names in full <u>Edward James</u></p> <p>Sex (M. or F.) <u>M</u> Twin or Triplet <u>no</u> Was child born alive <u>yes</u> Are the parents married <u>yes</u></p> <p>Date of Birth <u>Dec 22nd 1924</u></p> <p>Full name <u>Edward Douglas Bain</u></p> <p>Usual residence <u>Singerssee</u> Age last birthday <u>20</u></p> <p>Racial origin <u>Scottish</u> Birth <u>Ontario</u></p> <p>Trade or Profession <u>Farmer</u></p> <p>Kind of Industry or business in which employed <u>Farming</u></p> <p>Full maiden name <u>Grace Isabel Moffatt</u></p> <p>Usual residence <u>Singerssee</u> Age last birthday <u>20</u></p> <p>Racial origin <u>Scottish</u> Birth <u>Singerssee</u></p> <p>Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u></p> <p>Occupation, if other than household duties</p> <p>Name of Informant <u>Miss Edward Bain</u></p> <p>Address <u>Singerssee</u></p> <p>Name of Physician in attendance <u>Dr. Williams</u></p> <p>Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Dec 22nd 1924</u></p>	<p>No. <u>3</u></p> <p>Surname <u>Dunn</u></p> <p>Given names in full <u>Mary Janet</u></p> <p>Sex (M. or F.) <u>F</u> Twin or Triplet <u>no</u> Was child born alive <u>yes</u> Are the parents married <u>yes</u></p> <p>Date of Birth <u>Dec 22nd 1924</u></p> <p>Full name <u>David Joseph Dunn</u></p> <p>Usual residence <u>Singerssee</u> Age last birthday <u>30</u></p> <p>Racial origin <u>Irish</u> Birth <u>Ontario</u></p> <p>Trade or Profession <u>Machinist</u></p> <p>Kind of Industry or business in which employed <u>Foot Making</u></p> <p>Full maiden name <u>Grace Marguerite Sumner</u></p> <p>Usual residence <u>Singerssee</u> Age last birthday <u>23</u></p> <p>Racial origin <u>English</u> Birth <u>Ontario</u></p> <p>Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u></p> <p>Occupation, if other than household duties</p> <p>Name of Informant <u>David Joseph Dunn</u></p> <p>Address <u>Singerssee</u></p> <p>Name of Physician in attendance <u>Dr. Dunlop</u></p> <p>Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Dec 23rd 1924</u></p>
<p>No. <u>18</u></p> <p>Surname <u>Boniface</u></p> <p>Given names in full <u>Thomas James</u></p> <p>Sex (M. or F.) <u>M</u> Twin or Triplet <u>no</u> Was child born alive <u>yes</u> Are the parents married <u>yes</u></p> <p>Date of Birth <u>Dec 17th 1924</u></p> <p>Full name <u>Alfred Boniface</u></p> <p>Usual residence <u>Singerssee</u> Age last birthday <u>31</u></p> <p>Racial origin <u>English</u> Birth <u>England</u></p> <p>Trade or Profession <u>Machinist</u></p> <p>Kind of Industry or business in which employed <u>Milk Delivery</u></p> <p>Full maiden name <u>Nellie Coombes</u></p> <p>Usual residence <u>Singerssee</u> Age last birthday <u>29</u></p> <p>Racial origin <u>English</u> Birth <u>England</u></p> <p>Number of children including this one <u>4</u> living <u>4</u> dead <u>0</u> Still-born <u>0</u></p> <p>Occupation, if other than household duties</p> <p>Name of Informant <u>Mrs. W. Boniface</u></p> <p>Address <u>Singerssee</u></p> <p>Name of Physician in attendance <u>Dr. Williams</u></p> <p>Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Dec 22nd 1924</u></p>	<p>No. <u>1</u></p> <p>Surname <u>Fordham</u></p> <p>Given names in full <u>William George</u></p> <p>Sex (M. or F.) <u>M</u> Twin or Triplet <u>no</u> Was child born alive <u>yes</u> Are the parents married <u>yes</u></p> <p>Date of Birth <u>Dec 27th 1924</u></p> <p>Full name <u>George Thomas Fordham</u></p> <p>Usual residence <u>Singerssee</u> Age last birthday <u>34</u></p> <p>Racial origin <u>English</u> Birth <u>England</u></p> <p>Trade or Profession <u>Truckman</u></p> <p>Kind of Industry or business in which employed <u>Railway</u></p> <p>Full maiden name <u>Elizabeth Mary Springall</u></p> <p>Usual residence <u>Singerssee</u> Age last birthday <u>37</u></p> <p>Racial origin <u>English</u> Birth <u>England</u></p> <p>Number of children including this one <u>4</u> living <u>4</u> dead <u>0</u> Still-born <u>0</u></p> <p>Occupation, if other than household duties</p> <p>Name of Informant <u>George J. Fordham</u></p> <p>Address <u>Singerssee</u></p> <p>Name of Physician in attendance <u>Dr. Dunlop</u></p> <p>Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Dec 27th 1924</u></p>	<p>No. <u>4</u></p> <p>Surname <u>Parsons</u></p> <p>Given names in full <u>Vera Mae</u></p> <p>Sex (M. or F.) <u>F</u> Twin or Triplet <u>no</u> Was child born alive <u>yes</u> Are the parents married <u>yes</u></p> <p>Date of Birth <u>Jan 4th 1925</u></p> <p>Full name <u>Harold Parsons</u></p> <p>Usual residence <u>Sharnesford</u> Age last birthday <u>25</u></p> <p>Racial origin <u>English</u> Birth <u>Ontario</u></p> <p>Trade or Profession <u>Operator</u></p> <p>Kind of Industry or business in which employed <u>Telephone</u></p> <p>Full maiden name <u>Rose Lillian Barnes</u></p> <p>Usual residence <u>Sharnesford</u> Age last birthday <u>20</u></p> <p>Racial origin <u>English</u> Birth <u>Ontario</u></p> <p>Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u></p> <p>Occupation, if other than household duties</p> <p>Name of Informant <u>Harold Parsons</u></p> <p>Address <u>Sharnesford</u></p> <p>Name of Physician in attendance <u>Dr. Carnish</u></p> <p>Date of receipt of Physician's notice <u>Yes</u> Date of receipt of parent's registration <u>Jan 14th 1925</u></p>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of January 1925

D. R.



# BIRTHS

County of Offord

Division of 1922

droper Ferguson, Alexander Stanley Ferguson, Hugh Amelia Droper, Leonie Barnes, Leslie Edward Barnes, Eva Sarah Victoria Pickett, Katharine Louisa Brackenbury, William Lewis Brackenbury, Edith Maude Karn, Joseph Leslie Dickout, Alfred Ryerson Dickout, Mattie Aileen Stone, Dennis William Harold Armstrong, George Samuel Armstrong, Laura Bell Reavely

THIS SPACE TO BE RESERVED FOR BINDING

No. 1		No. 2		No. 3	
County <u>Offord</u> Municipality <u>Wheatley</u>		County <u>Offord</u> Municipality <u>Wheatley</u>		County <u>Offord</u> Municipality <u>Wheatley</u>	
Street and Number or Con. and Loc. <u>Wheatley Street</u>		Street and Number or Con. and Loc. <u>Wheatley Street</u>		Street and Number or Con. and Loc. <u>Wheatley Street</u>	
Surname <u>Moore</u>		Surname <u>Barnes</u>		Surname <u>Dickout</u>	
Given names in full <u>Maria Victoria</u>		Given names in full <u>Mary Louise</u>		Given names in full <u>Joseph Leslie</u>	
Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Date of Birth <u>July 28th 1925</u>		Date of Birth <u>July 28th 1925</u>		Date of Birth <u>Mar 28th 1925</u>	
Full name <u>James Aubrey Moore</u>		Full name <u>Leslie Edward Barnes</u>		Full name <u>Alfred Ryerson Dickout</u>	
Usual residence <u>Singerville</u>		Usual residence <u>Singerville</u>		Usual residence <u>Singerville</u>	
Racial origin <u>Canadian</u>		Racial origin <u>English</u>		Racial origin <u>English</u>	
Trade or Profession <u>Business</u>		Trade or Profession <u>Labourer</u>		Trade or Profession <u>Farmer</u>	
Full maiden name <u>Mary Victoria Moore</u>		Full maiden name <u>Maria Victoria Dickout</u>		Full maiden name <u>Mattie Aileen Stone</u>	
Usual residence <u>Singerville</u>		Usual residence <u>Singerville</u>		Usual residence <u>Singerville</u>	
Racial origin <u>Canadian</u>		Racial origin <u>English</u>		Racial origin <u>English</u>	
Number of children including this one <u>living 4</u>		Number of children including this one <u>living 1</u>		Number of children including this one <u>living 1</u>	
Occupation, if other than household duties <u>Business</u>		Occupation, if other than household duties <u>Labourer</u>		Occupation, if other than household duties <u>Farmer</u>	
Name of informant <u>J. A. Moore</u>		Name of informant <u>L. E. Barnes</u>		Name of informant <u>Alfred R. Dickout</u>	
Address <u>Singerville</u>		Address <u>Singerville</u>		Address <u>Singerville</u>	
Name of Physician in attendance <u>Dr. Cornish</u>		Name of Physician in attendance <u>Dr. Cornish</u>		Name of Physician in attendance <u>Dr. Cornish</u>	
Date of receipt of Physician's notice <u>July 4/25</u>		Date of receipt of Physician's notice <u>July 28/25</u>		Date of receipt of Physician's notice <u>Mar 9/25</u>	
Date of receipt of parent's registration <u>Mar 2/25</u>		Date of receipt of parent's registration <u>Mar 4/25</u>		Date of receipt of parent's registration <u>Mar 14/25</u>	
County <u>Offord</u> Municipality <u>Wheatley</u>		County <u>Offord</u> Municipality <u>Wheatley</u>		County <u>Offord</u> Municipality <u>Wheatley</u>	
Street and Number or Con. and Loc. <u>Wheatley Street</u>		Street and Number or Con. and Loc. <u>Wheatley Street</u>		Street and Number or Con. and Loc. <u>Wheatley Street</u>	
Surname <u>Ferguson</u>		Surname <u>Brackenbury</u>		Surname <u>Armstrong</u>	
Given names in full <u>Alexander Drake</u>		Given names in full <u>William Lewis</u>		Given names in full <u>George Samuel</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Are the parents married? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Date of Birth <u>Mar 12th 1925</u>		Date of Birth <u>Mar 2nd 1925</u>		Date of Birth <u>July 17th 1925</u>	
Full name <u>Alexander Stanley Ferguson</u>		Full name <u>William Lewis Brackenbury</u>		Full name <u>George Samuel Armstrong</u>	
Usual residence <u>Singerville</u>		Usual residence <u>Singerville</u>		Usual residence <u>Singerville</u>	
Racial origin <u>Scottish</u>		Racial origin <u>English</u>		Racial origin <u>Irish</u>	
Trade or Profession <u>Barista</u>		Trade or Profession <u>Mechanic</u>		Trade or Profession <u>Labourer</u>	
Full maiden name <u>Amelia Drake</u>		Full maiden name <u>Edith Maude Karn</u>		Full maiden name <u>Laura Bell Reavely</u>	
Usual residence <u>Singerville</u>		Usual residence <u>Singerville</u>		Usual residence <u>Singerville</u>	
Racial origin <u>Scottish</u>		Racial origin <u>German</u>		Racial origin <u>Irish</u>	
Number of children including this one <u>living 0</u>		Number of children including this one <u>living 0</u>		Number of children including this one <u>living 0</u>	
Occupation, if other than household duties <u>Barista</u>		Occupation, if other than household duties <u>Mechanic</u>		Occupation, if other than household duties <u>Labourer</u>	
Name of informant <u>Alex. S. Ferguson</u>		Name of informant <u>Alfred R. Dickout</u>		Name of informant <u>Wm. S. Armstrong</u>	
Address <u>Singerville</u>		Address <u>Singerville</u>		Address <u>Singerville</u>	
Name of Physician in attendance <u>Dr. Cornish</u>		Name of Physician in attendance <u>Dr. Cornish</u>		Name of Physician in attendance <u>Dr. Cornish</u>	
Date of receipt of Physician's notice <u>Mar 12/25</u>		Date of receipt of Physician's notice <u>Mar 9/25</u>		Date of receipt of Physician's notice <u>July 19/25</u>	
Date of receipt of parent's registration <u>Mar 4/25</u>		Date of receipt of parent's registration <u>Mar 16/25</u>		Date of receipt of parent's registration <u>Mar 16/25</u>	

I hereby certify that the above are correct registrations of Births filed with me during the month of March 1922

D. R.



# BIRTHS

gladys chatham

County of Jefferson

Division of Register

No. <u>X</u>	No. <u>VI</u>	No. <u>6</u>
<p>County <u>Jefferson</u> Municipality <u>Waverly</u>                      Street and Number or Con. and Lot <u>Waverly Road No. 10</u>                      (If in hospital, give name instead of street)</p> <p>Surname <u>Beigent</u>                      Given names in full <u>Leili Beigent</u>                      Sex (M. or F.) <u>F</u> Twin or Triplet <u>no</u> Was child born alive <u>yes</u> Are the parents married <u>yes</u></p> <p>Date of Birth <u>Jan'y 16th 1925</u></p> <p>FATHER: Full name <u>Robert Arthur Beigent</u> Usual residence <u>Bank Street</u> Age last birthday <u>49</u> Racial origin <u>English</u> Birth-place <u>England</u> Occupation <u>Farmer</u></p> <p>MOTHER: Full maiden name <u>Mary E. Fyusau</u> Usual residence <u>Bank Street</u> Age last birthday <u>23</u> Racial origin <u>English</u> Birth-place <u>Victoria</u> Number of children including this one <u>living 6</u> <u>dead 0</u> <u>still-born 0</u> Occupation <u>household duties</u></p> <p>Name of Informant <u>Robert A. Beigent</u> Address <u>Shamela</u> Name of Physician in attendance <u>Dr. Klein</u> Date of receipt of Physician's notice <u>July 11/25</u></p>	<p>County <u>Jefferson</u> Municipality <u>Waverly</u>                      Street and Number or Con. and Lot <u>Waverly Road No. 10</u>                      (If in hospital, give name instead of street)</p> <p>Surname <u>Secord</u>                      Given names in full <u>William</u>                      Sex (M. or F.) <u>M</u> Twin or Triplet <u>no</u> Was child born alive <u>yes</u> Are the parents married <u>yes</u></p> <p>Date of Birth <u>July 15th 1925</u></p> <p>FATHER: Full name <u>Charles Secord</u> Usual residence <u>Belmont</u> Age last birthday <u>25</u> Racial origin <u>English</u> Birth-place <u>Victoria</u> Occupation <u>Farmer</u></p> <p>MOTHER: Full maiden name <u>Mary Carmah</u> Usual residence <u>Belmont</u> Age last birthday <u>26</u> Racial origin <u>English</u> Birth-place <u>Victoria</u> Number of children including this one <u>living 1</u> <u>dead 0</u> <u>still-born 0</u> Occupation <u>household duties</u></p> <p>Name of Informant <u>Chas Secord</u> Address <u>Belmont</u> Name of Physician in attendance <u>Dr. Carmah</u> Date of receipt of Physician's notice <u>July 11/25</u></p>	<p>County <u>Jefferson</u> Municipality <u>Waverly</u>                      Street and Number or Con. and Lot <u>Waverly Road No. 10</u>                      (If in hospital, give name instead of street)</p> <p>Surname <u>Sadd</u>                      Given names in full <u>Harold Allan</u>                      Sex (M. or F.) <u>M</u> Twin or Triplet <u>no</u> Was child born alive <u>yes</u> Are the parents married <u>yes</u></p> <p>Date of Birth <u>Jan'y 23rd 1925</u></p> <p>FATHER: Full name <u>Lawrence Alvin Sadd</u> Usual residence <u>Waverly</u> Age last birthday <u>31</u> Racial origin <u>English</u> Birth-place <u>Victoria</u> Occupation <u>Balliard Conla</u></p> <p>MOTHER: Full maiden name <u>Clara Gladys Marlett</u> Usual residence <u>Waverly</u> Age last birthday <u>25</u> Racial origin <u>English</u> Birth-place <u>Victoria</u> Number of children including this one <u>living 3</u> <u>dead 0</u> <u>still-born 0</u> Occupation <u>household duties</u></p> <p>Name of Informant <u>Lawrence A. Sadd</u> Address <u>Waverly</u> Name of Physician in attendance <u>Dr. Furlong</u> Date of receipt of Physician's notice <u>July 23/25</u></p>
<p>County <u>Jefferson</u> Municipality <u>Waverly</u>                      Street and Number or Con. and Lot <u>King Street</u>                      (If in hospital, give name instead of street)</p> <p>Surname <u>Sharpe</u>                      Given names in full <u>William Arthur</u>                      Sex (M. or F.) <u>M</u> Twin or Triplet <u>no</u> Was child born alive <u>yes</u> Are the parents married <u>yes</u></p> <p>Date of Birth <u>July 4th 1925</u></p> <p>FATHER: Full name <u>Thomas Alvin Sharpe</u> Usual residence <u>Berham</u> Age last birthday <u>26</u> Racial origin <u>American</u> Birth-place <u>Victoria</u> Occupation <u>Farmer</u></p> <p>MOTHER: Full maiden name <u>Florence Louise Shiblee</u> Usual residence <u>Berham</u> Age last birthday <u>25</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one <u>living 4</u> <u>dead 0</u> <u>still-born 0</u> Occupation <u>household duties</u></p> <p>Name of Informant <u>Mrs. D. Shiblee</u> Address <u>Waverly</u> Name of Physician in attendance <u>Dr. Furlong</u> Date of receipt of Physician's notice <u>July 4/25</u></p>	<p>County <u>Jefferson</u> Municipality <u>Waverly</u>                      Street and Number or Con. and Lot <u>Waverly Road No. 10</u>                      (If in hospital, give name instead of street)</p> <p>Surname <u>Ely</u>                      Given names in full <u>Anna Margaret</u>                      Sex (M. or F.) <u>F</u> Twin or Triplet <u>no</u> Was child born alive <u>yes</u> Are the parents married <u>yes</u></p> <p>Date of Birth <u>Jan'y 30th 1925</u></p> <p>FATHER: Full name <u>William Edward Ely</u> Usual residence <u>Waverly</u> Age last birthday <u>42</u> Racial origin <u>English</u> Birth-place <u>Waverly</u> Occupation <u>Carpenter</u></p> <p>MOTHER: Full maiden name <u>Valentine Sharpe</u> Usual residence <u>Waverly</u> Age last birthday <u>31</u> Racial origin <u>Irish</u> Birth-place <u>Victoria</u> Number of children including this one <u>living 1</u> <u>dead 0</u> <u>still-born 0</u> Occupation <u>household duties</u></p> <p>Name of Informant <u>William E. Ely</u> Address <u>Waverly</u> Name of Physician in attendance <u>Dr. Williams</u> Date of receipt of Physician's notice <u>Jan'y 31/25</u></p>	<p>County <u>Jefferson</u> Municipality <u>Waverly</u>                      Street and Number or Con. and Lot <u>Waverly Road No. 10</u>                      (If in hospital, give name instead of street)</p> <p>Surname <u>Senka</u>                      Given names in full <u>Stedys Rose</u>                      Sex (M. or F.) <u>F</u> Twin or Triplet <u>no</u> Was child born alive <u>yes</u> Are the parents married <u>yes</u></p> <p>Date of Birth <u>July 13th 1925</u></p> <p>FATHER: Full name <u>William John Senka</u> Usual residence <u>Waverly</u> Age last birthday <u>27</u> Racial origin <u>English</u> Birth-place <u>England</u> Occupation <u>barber</u></p> <p>MOTHER: Full maiden name <u>Stedys Christine</u> Usual residence <u>Waverly</u> Age last birthday <u>23</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one <u>living 3</u> <u>dead 0</u> <u>still-born 0</u> Occupation <u>household duties</u></p> <p>Name of Informant <u>W. J. Senka</u> Address <u>Waverly</u> Name of Physician in attendance <u>Dr. Furlong</u> Date of receipt of Physician's notice <u>July 13/25</u></p>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of February 1925

Waverly D. R.



# BIRTHS

dorris cussons, frederick cussons, laura pooley, marian elizabeth cornwall, george cornwall, muriel frances stoneman, any marie tickner, thomas wall-tickner tickner, harriet agnes johnson, donald albert griffin, ernest charles ellie winnifred young, lloyd jack weston, harold edgar weston, florence ma-jewett, wallace edward white, harry wardel white, hannah edith jackson

County of Offawa

Division of Registration

THIS SPACE TO BE RESERVED FOR BINDING

No. 2

County Offawa Municipality Westboro  
 Street and Number Victoria Street  
 of Con. and Lot (If in hospital, give name instead of street)

Surname Cussans  
 Given names in full Doris  
 Sex (M. or F.) F Twin or Triplet no Was child born alive yes Are the parents married yes  
 Date of Birth Mar 22nd 1925

FATHER: Full name Frederick Cussans Age last birthday 38  
 Usual residence Sagersess  
 Racial origin English Birth-place England  
 OCCUPATION: Trade or Profession Labourer  
 Kind of industry or business in which employed —

MOTHER: Full maiden name Anna Bailey Age last birthday 33  
 Usual residence Sagersess  
 Racial origin English Birth-place England  
 Number of children including this one: living 2 dead 0 Still-born 0  
 Occupation, if other than household duties —

Name of Informant Frederick Cussans  
 Address Sagersess  
 Name of Physician in attendance Dr. Williams  
 Date of receipt of Physician's notice Mar 23/25 Date of receipt of parent's registration Apr 1/25

No. 3

County Offawa Municipality Westboro  
 Street and Number Victoria Street  
 of Con. and Lot (If in hospital, give name instead of street)

Surname Tickner  
 Given names in full Amy Marie  
 Sex (M. or F.) F Twin or Triplet no Was child born alive yes Are the parents married yes  
 Date of Birth Mar 26th 1925

FATHER: Full name Thomas Walter Tickner Age last birthday 30  
 Usual residence Sagersess  
 Racial origin English Birth-place England  
 OCCUPATION: Trade or Profession Labourer  
 Kind of industry or business in which employed —

MOTHER: Full maiden name Harriet Agnes Johnson Age last birthday 33  
 Usual residence Sagersess  
 Racial origin English Birth-place Ontario  
 Number of children including this one: living 2 dead 0 Still-born 0  
 Occupation, if other than household duties —

Name of Informant Ada L. Hodge  
 Address Sagersess  
 Name of Physician in attendance Dr. Fenwick  
 Date of receipt of Physician's notice Mar 26/25 Date of receipt of parent's registration Apr 6/25

No. 3

County Offawa Municipality Westboro  
 Street and Number Spive Street  
 of Con. and Lot (If in hospital, give name instead of street)

Surname Uleatan  
 Given names in full Maya Jane  
 Sex (M. or F.) F Twin or Triplet no Was child born alive yes Are the parents married yes  
 Date of Birth Mar 22nd 1925

FATHER: Full name Donald Edgar Uleatan Age last birthday 20  
 Usual residence Sagersess  
 Racial origin English Birth-place England  
 OCCUPATION: Trade or Profession Mechanic  
 Kind of industry or business in which employed —

MOTHER: Full maiden name Flora Mary Jewett Age last birthday 20  
 Usual residence Sagersess  
 Racial origin English Birth-place England  
 Number of children including this one: living 2 dead 0 Still-born 0  
 Occupation, if other than household duties —

Name of Informant Mrs. Donald Uleatan  
 Address Sagersess  
 Name of Physician in attendance Dr. Macdonald  
 Date of receipt of Physician's notice Mar 22/25 Date of receipt of parent's registration Apr 9/25

No. 4

County Offawa Municipality Westboro  
 Street and Number James Street  
 of Con. and Lot (If in hospital, give name instead of street)

Surname Cornwall  
 Given names in full Marian Elizabeth  
 Sex (M. or F.) F Twin or Triplet no Was child born alive yes Are the parents married yes  
 Date of Birth Mar 14th 1925

FATHER: Full name Alton Henry Cornwall Age last birthday 42  
 Usual residence Sagersess  
 Racial origin Irish Birth-place U.S.A.  
 OCCUPATION: Trade or Profession Clerk  
 Kind of industry or business in which employed —

MOTHER: Full maiden name Muriel Frances Stoneman Age last birthday 27  
 Usual residence Sagersess  
 Racial origin English Birth-place Ontario  
 Number of children including this one: living 1 dead 0 Still-born 0  
 Occupation, if other than household duties —

Name of Informant D. S. Cornwall  
 Address Dr. Carleton  
 Name of Physician in attendance Sagersess  
 Date of receipt of Physician's notice Mar 15/25 Date of receipt of parent's registration Apr 11/25

No. 5

County Offawa Municipality Westboro  
 Street and Number Victoria Street  
 of Con. and Lot (If in hospital, give name instead of street)

Surname Griffin  
 Given names in full Donald Albert  
 Sex (M. or F.) M Twin or Triplet no Was child born alive yes Are the parents married yes  
 Date of Birth Mar 10th 1925

FATHER: Full name Armed Charles Griffin Age last birthday 30  
 Usual residence Sagersess  
 Racial origin Irish Birth-place Sagersess  
 OCCUPATION: Trade or Profession Mechanic  
 Kind of industry or business in which employed Garage

MOTHER: Full maiden name Muriel Elizabeth Young Age last birthday 23  
 Usual residence Sagersess  
 Racial origin English Birth-place England  
 Number of children including this one: living 3 dead 0 Still-born 0  
 Occupation, if other than household duties —

Name of Informant Mrs. Armed Griffin  
 Address Sagersess  
 Name of Physician in attendance Dr. Carleton  
 Date of receipt of Physician's notice Mar 10/25 Date of receipt of parent's registration Apr 13/25

No. 6

County Offawa Municipality Westboro  
 Street and Number James Street  
 of Con. and Lot (If in hospital, give name instead of street)

Surname White  
 Given names in full Wallace Edward  
 Sex (M. or F.) M Twin or Triplet no Was child born alive yes Are the parents married yes  
 Date of Birth Apr 2nd 1925

FATHER: Full name Henry Wardel White Age last birthday 20  
 Usual residence Sagersess  
 Racial origin British Birth-place England  
 OCCUPATION: Trade or Profession House Painter  
 Kind of industry or business in which employed Carriage

MOTHER: Full maiden name Hannah Edith Jackson Age last birthday 23  
 Usual residence Sagersess  
 Racial origin English Birth-place England  
 Number of children including this one: living 1 dead 0 Still-born 0  
 Occupation, if other than household duties —

Name of Informant H. E. Jackson  
 Address Sagersess  
 Name of Physician in attendance Dr. Carleton  
 Date of receipt of Physician's notice Apr 2/25 Date of receipt of parent's registration Apr 15/25

I hereby certify that the above are correct registrations of Births filed with me during the month of April 1925

H. E. Jackson D.R.



Charles Edward Kelly, Violet Blanche Goddard, Margaret Elizabeth Beck, horseman horsman, Sarah Dorothy Kurtzman, Jacob Kurtzman, Florence, Thelma Jean Robinson, Arkington David Robinson, Mildred May Bell, Margaret Isabella Griffin, William Henry Griffin, Mary Appleson Griffin;

# BIRTHS

County of Oregon

Division of Ingersoll

No. 10  
 County Oregon Municipality Seaside  
 Street and Number 10th Street or Cor. and Lot (If in hospital, give name instead of street)  
 Surname Nichols  
 Given names in full Edith Annie  
 Sex (M. or F.) F Twin or Triplet no Was child born alive yes Are the parents married yes  
 Date of Birth Mar 2nd 1925  
 Full name Paul William Nichols Usual residence Ingersoll Age last birthday 34  
 Racial origin English Birth England  
 Trade or Profession laborer  
 Kind of industry or business in which employed -  
 Full maiden name Edith Annie Clark Usual residence Ingersoll Age last birthday 34  
 Racial origin English Birth England  
 Number of children including this one 5 living 5 dead 0 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant B. W. Nichols  
 Address Ingersoll  
 Name of Physician in attendance D. L. Cameron  
 Date of receipt of Physician's notice Mar 11/25 Date of receipt of parent's registration Mar 11/25

No. 9  
 County Oregon Municipality Seaside  
 Street and Number 10th Street or Cor. and Lot (If in hospital, give name instead of street)  
 Surname Beck  
 Given names in full Margaret Elizabeth  
 Sex (M. or F.) F Twin or Triplet no Was child born alive yes Are the parents married yes  
 Date of Birth July 15th 1925  
 Full name George D. Beck Usual residence Ingersoll Age last birthday 36  
 Racial origin Canadian Birth Ingersoll  
 Trade or Profession Merchant  
 Kind of industry or business in which employed -  
 Full maiden name Bessie W. Hanson Usual residence Ingersoll Age last birthday 29  
 Racial origin Canadian Birth Ingersoll  
 Number of children including this one 3 living 3 dead 0 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant George D. Beck  
 Address Ingersoll  
 Name of Physician in attendance Dr. Ferguson  
 Date of receipt of Physician's notice July 19/25 Date of receipt of parent's registration July 17/25

No. 8  
 County Oregon Municipality Seaside  
 Street and Number 10th Street or Cor. and Lot (If in hospital, give name instead of street)  
 Surname Robinson  
 Given names in full Thelma Jean  
 Sex (M. or F.) F Twin or Triplet no Was child born alive yes Are the parents married yes  
 Date of Birth Mar 11th 1925  
 Full name Arkington David Robinson Usual residence 10th Street Age last birthday 25  
 Racial origin Canadian Birth Ontario  
 Trade or Profession farmer  
 Kind of industry or business in which employed -  
 Full maiden name Mildred May Beck Usual residence 10th Street Age last birthday 25  
 Racial origin Canadian Birth Ontario  
 Number of children including this one 1 living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant Chas E. Badger  
 Address Ingersoll  
 Name of Physician in attendance Dr. Rogers  
 Date of receipt of Physician's notice Mar 11/25 Date of receipt of parent's registration Mar 11/25

No. 10  
 County Oregon Municipality Seaside  
 Street and Number 10th Street or Cor. and Lot (If in hospital, give name instead of street)  
 Surname Kelly  
 Given names in full Charles Edward  
 Sex (M. or F.) M Twin or Triplet no Was child born alive yes Are the parents married yes  
 Date of Birth Mar 11th 1925  
 Full name Charles Edward Kelly Usual residence Ingersoll Age last birthday 31  
 Racial origin Irish Birth Ingersoll  
 Trade or Profession laborer  
 Kind of industry or business in which employed -  
 Full maiden name Chas Blanche Ballard Usual residence Ingersoll Age last birthday 27  
 Racial origin English Birth England  
 Number of children including this one 2 living 2 dead 0 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant C. E. Kelly  
 Address Ingersoll  
 Name of Physician in attendance D. L. Cameron  
 Date of receipt of Physician's notice Mar 11/25 Date of receipt of parent's registration Mar 11/25

No. 11  
 County Oregon Municipality Seaside  
 Street and Number 10th Street or Cor. and Lot (If in hospital, give name instead of street)  
 Surname Rutzman  
 Given names in full Sarah Dorothy  
 Sex (M. or F.) F Twin or Triplet no Was child born alive yes Are the parents married yes  
 Date of Birth Mar 2nd 1925  
 Full name Jacob Rutzman Usual residence Ingersoll Age last birthday 36  
 Racial origin Hebrew Birth Russia  
 Trade or Profession humb. dealer  
 Kind of industry or business in which employed -  
 Full maiden name Florence Usual residence Ingersoll Age last birthday 27  
 Racial origin Hebrew Birth Ontario  
 Number of children including this one 1 living 1 dead 0 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant Jacob Rutzman  
 Address Ingersoll  
 Name of Physician in attendance D. L. Cameron  
 Date of receipt of Physician's notice Mar 3/25 Date of receipt of parent's registration Mar 3/25

No. 12  
 County Oregon Municipality Seaside  
 Street and Number 10th Street or Cor. and Lot (If in hospital, give name instead of street)  
 Surname Griffin  
 Given names in full Margaret Isabella  
 Sex (M. or F.) F Twin or Triplet no Was child born alive yes Are the parents married yes  
 Date of Birth July 29th 1925  
 Full name William Henry Griffin Usual residence Ingersoll Age last birthday 31  
 Racial origin Irish Birth Ingersoll  
 Trade or Profession Mechanic  
 Kind of industry or business in which employed Garage  
 Full maiden name Mary Appleson Griffin Usual residence Ingersoll Age last birthday 25  
 Racial origin Scottish Birth Ontario  
 Number of children including this one 5 living 5 dead 0 Still-born 0  
 Occupation, if other than household duties -  
 Name of Informant W. H. Griffin  
 Address Ingersoll  
 Name of Physician in attendance D. L. Cameron  
 Date of receipt of Physician's notice Mar 11/25 Date of receipt of parent's registration Mar 11/25

I hereby certify that the above are correct registrations of Births filed with me during the month of Mar 1925.

W. B. Smith D. R.

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

Walter and William, Edna Pearl Granger, Barbara Jane, Jessie Helena Radford, Floyd Reginald Freemantle, William James Freemantle, Olive Weston, Gladys Marion Lambert, William Frank Lambert, Rachel Elizabeth, Lorne Garfield Murray, James, Mabel Gertrude Harris

County of Jefferson

Division of Register

No. 13

County Jefferson Municipality Madison  
 Street and Number 1111 North Duane Street  
 or Cor. and No. 1111 North Duane Street  
 (If in hospital, give name instead of street)

Surname Burtie  
 Given names in full James Murray Burtie

Sex (M. or F.) M. Twin or Triplet no Was child born alive? yes Are the parents married? yes

Date of Birth Apr 14 1925

FATHER: Full name James Murray Burtie Usual residence West Jefferson Age last birthday 35  
 Racial origin Canadian Birthplace Canada  
 OCCUPATION: Trade or Profession Merchant  
 Kind of industry or business in which employed Egg Business

MOTHER: Full maiden name Marion E. Spieren Usual residence West Jefferson Age last birthday 31  
 Racial origin Canadian Birthplace Canada  
 Number of children including this one: living 3 dead 0 Still-born 0  
 Occupation, if other than household duties —

Name of Informant Ada L. Hedges  
 Address Jefferson  
 Name of Physician in attendance Dr. Williams  
 Date of receipt of Physician's notice Apr 14 1925 Date of receipt of birth registration Apr 24 1925

No. 14

County Jefferson Municipality Jefferson  
 Street and Number James Street  
 or Cor. and No. James Street  
 (If in hospital, give name instead of street)

Surname McKeel  
 Given names in full Barbara Jane

Sex (M. or F.) F. Twin or Triplet no Was child born alive? yes Are the parents married? yes

Date of Birth Apr 14 1925

FATHER: Full name John F. McKeel Usual residence Jefferson Age last birthday 43  
 Racial origin Scotch Birthplace Canada  
 OCCUPATION: Trade or Profession Merchant  
 Kind of industry or business in which employed Grocer

MOTHER: Full maiden name Jessie Helena Radford Usual residence Jefferson Age last birthday 25  
 Racial origin English Birthplace Canada  
 Number of children including this one: living 7 dead 1 Still-born 0  
 Occupation, if other than household duties —

Name of Informant John F. McKeel  
 Address Jefferson  
 Name of Physician in attendance Dr. Lauer  
 Date of receipt of Physician's notice Apr 14 1925 Date of receipt of birth registration Apr 24 1925

No. 15

County Jefferson Municipality Jefferson  
 Street and Number 1111 North Duane Street  
 or Cor. and No. 1111 North Duane Street  
 (If in hospital, give name instead of street)

Surname Lambert  
 Given names in full Gladys Marion

Sex (M. or F.) F. Twin or Triplet no Was child born alive? yes Are the parents married? yes

Date of Birth Apr 20 1925

FATHER: Full name William Frank Lambert Usual residence Jefferson Age last birthday 41  
 Racial origin English Birthplace England  
 OCCUPATION: Trade or Profession Balance  
 Kind of industry or business in which employed Baking Co.

MOTHER: Full maiden name Rachel Elizabeth Bear Usual residence Jefferson Age last birthday 45  
 Racial origin English Birthplace England  
 Number of children including this one: living 6 dead 0 Still-born 0  
 Occupation, if other than household duties —

Name of Informant Ada L. Hedges  
 Address Jefferson  
 Name of Physician in attendance Dr. McDaniel  
 Date of receipt of Physician's notice Apr 20 1925 Date of receipt of birth registration Apr 29 1925

No. 16

County Jefferson Municipality Jefferson  
 Street and Number 1111 North Duane Street  
 or Cor. and No. 1111 North Duane Street  
 (If in hospital, give name instead of street)

Surname Bowman  
 Given names in full Borne Allan

Sex (M. or F.) M. Twin or Triplet no Was child born alive? yes Are the parents married? yes

Date of Birth Apr 19 1925

FATHER: Full name Walter Allan Bowman Usual residence West Jefferson Age last birthday 34  
 Racial origin English Birthplace Canada  
 OCCUPATION: Trade or Profession Farmer

MOTHER: Full maiden name Edna Pearl Granger Usual residence West Jefferson Age last birthday 33  
 Racial origin English Birthplace Canada  
 Number of children including this one: living 1 dead 1 Still-born 0  
 Occupation, if other than household duties —

Name of Informant Ada L. Hedges  
 Address Jefferson  
 Name of Physician in attendance Dr. Allen  
 Date of receipt of Physician's notice Apr 19 1925 Date of receipt of birth registration Apr 29 1925

No. 17

County Jefferson Municipality Jefferson  
 Street and Number James Street  
 or Cor. and No. James Street  
 (If in hospital, give name instead of street)

Surname Freemantle  
 Given names in full Floyd Reginald

Sex (M. or F.) M. Twin or Triplet no Was child born alive? yes Are the parents married? yes

Date of Birth Apr 14 1925

FATHER: Full name William James Freemantle Usual residence Jefferson Age last birthday 47  
 Racial origin English Birthplace England  
 OCCUPATION: Trade or Profession Machinist

MOTHER: Full maiden name Mildred Olive Weston Usual residence Jefferson Age last birthday 25  
 Racial origin English Birthplace England  
 Number of children including this one: living 6 dead 0 Still-born 0  
 Occupation, if other than household duties —

Name of Informant William James Freemantle  
 Address Jefferson  
 Name of Physician in attendance Dr. Furlong  
 Date of receipt of Physician's notice Apr 14 1925 Date of receipt of birth registration Apr 30 1925

No. 18

County Jefferson Municipality Jefferson  
 Street and Number 1111 North Duane Street  
 or Cor. and No. 1111 North Duane Street  
 (If in hospital, give name instead of street)

Surname Murray  
 Given names in full Lorne Garfield

Sex (M. or F.) M. Twin or Triplet no Was child born alive? yes Are the parents married? yes

Date of Birth Apr 17 1925

FATHER: Full name James Garfield Murray Usual residence Jefferson Age last birthday 42  
 Racial origin Scotch Birthplace Canada  
 OCCUPATION: Trade or Profession Veterinary Surgeon

MOTHER: Full maiden name Mabel Gertrude Harris Usual residence Jefferson Age last birthday 33  
 Racial origin Irish Birthplace Canada  
 Number of children including this one: living 6 dead 0 Still-born 0  
 Occupation, if other than household duties —

Name of Informant James G. Murray  
 Address Jefferson  
 Name of Physician in attendance Dr. Carmack  
 Date of receipt of Physician's notice Apr 17 1925 Date of receipt of birth registration Apr 30 1925

I hereby certify that the above are correct registrations of Births filed with me during the month of April 1925

W.B. Smith D. R.

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

McDonald, Philip Stanley McDonald, Ellen Isabelle Kerr, Clarke Dan Daniel, Leslie John Dennis, Mary Leigh, Lloyd Elwood Henderson, Frederick Lloyd Henderson, Catharine Lydia Petrie, William Harold Moyer, Harold Winford Moyer, Mertle Louise Harvey, Lenneth Ross Lackey, Locke, Albert Francis Locke, Gertrude Simes

County of Jefferson

Division of Surgeon

County <u>Jefferson</u> Municipality <u>Case</u>	County <u>Jefferson</u> Municipality <u>Case</u>	County <u>Jefferson</u> Municipality <u>Case</u>
No. <u>1</u> Street and Number <u>1000 Olive Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u> Surname <u>Moore</u> Given names in full <u>Elliwood Eugene</u> Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Are the parents married <u>Yes</u> Date of Birth <u>Mar 15th 1925</u> Full name <u>Federick F. Moore</u> Usual residence <u>Jefferson</u> Age last birthday <u>33</u> Racial origin <u>British</u> Birthplace <u>Jefferson</u> Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>General</u> Full maiden name <u>Ann Bernellia Townsend</u> Usual residence <u>Jefferson</u> Age last birthday <u>42</u> Racial origin <u>British</u> Birthplace <u>Canada</u> Number of children including this one <u>10</u> living <u>10</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	No. <u>2</u> Street and Number <u>1000 Olive Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u> Surname <u>Daniel</u> Given names in full <u>Clarke Dan</u> Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Are the parents married <u>Yes</u> Date of Birth <u>Mar 19th 1925</u> Full name <u>Leslie John Daniel</u> Usual residence <u>Jefferson</u> Age last birthday <u>37</u> Racial origin <u>Canadian</u> Birthplace <u>Canada</u> Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>-</u> Full maiden name <u>Mary E. Leigh</u> Usual residence <u>Jefferson</u> Age last birthday <u>35</u> Racial origin <u>Canadian</u> Birthplace <u>Canada</u> Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	No. <u>3</u> Street and Number <u>1000 Olive Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u> Surname <u>Mayer</u> Given names in full <u>William Harold</u> Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Are the parents married <u>Yes</u> Date of Birth <u>Mar 29th 1925</u> Full name <u>Donald Winston Mayer</u> Usual residence <u>Jefferson</u> Age last birthday <u>34</u> Racial origin <u>English</u> Birthplace <u>Canada</u> Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>Mech. Shop</u> Full maiden name <u>Martehouse Karney</u> Usual residence <u>Jefferson</u> Age last birthday <u>29</u> Racial origin <u>English</u> Birthplace <u>U.S.A.</u> Number of children including this one <u>2</u> living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>
No. <u>11</u> Street and Number <u>1000 Olive Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u> Surname <u>McDonald</u> Given names in full <u>Kenneth James</u> Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Are the parents married <u>Yes</u> Date of Birth <u>Apr 13th 1925</u> Full name <u>Philip Stanley McDonald</u> Usual residence <u>East Missouri</u> Age last birthday <u>26</u> Racial origin <u>Scottish</u> Birthplace <u>Canada</u> Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>-</u> Full maiden name <u>Ellen Isabelle Kerr</u> Usual residence <u>East Missouri</u> Age last birthday <u>26</u> Racial origin <u>Scottish</u> Birthplace <u>Canada</u> Number of children including this one <u>2</u> living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	No. <u>11</u> Street and Number <u>1000 Olive Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u> Surname <u>Henderson</u> Given names in full <u>Lloyd Ellwood</u> Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Are the parents married <u>Yes</u> Date of Birth <u>Apr 24th 1925</u> Full name <u>Federick Lloyd Henderson</u> Usual residence <u>Jefferson</u> Age last birthday <u>22</u> Racial origin <u>Scottish</u> Birthplace <u>Jefferson</u> Trade or Profession <u>Clerk</u> Kind of industry or business in which employed <u>General</u> Full maiden name <u>Catharine Lydia Petrie</u> Usual residence <u>Jefferson</u> Age last birthday <u>25</u> Racial origin <u>Irish</u> Birthplace <u>Jefferson</u> Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	No. <u>12</u> Street and Number <u>1000 Olive Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u> Surname <u>Lackey</u> Given names in full <u>Kenneth Ross</u> Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Are the parents married <u>Yes</u> Date of Birth <u>Apr 10th 1925</u> Full name <u>Arthur Francis Lackey</u> Usual residence <u>Jefferson</u> Age last birthday <u>42</u> Racial origin <u>English</u> Birthplace <u>Canada</u> Trade or Profession <u>Labourer</u> Kind of industry or business in which employed <u>-</u> Full maiden name <u>Gertrude Simes</u> Usual residence <u>Jefferson</u> Age last birthday <u>29</u> Racial origin <u>English</u> Birthplace <u>Canada</u> Number of children including this one <u>5</u> living <u>5</u> dead <u>0</u> Still-born <u>1</u> Occupation, if other than household duties <u>-</u>
No. <u>13</u> Street and Number <u>1000 Olive Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u> Surname <u>McDonald</u> Given names in full <u>Stanley James</u> Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Are the parents married <u>Yes</u> Date of Birth <u>Apr 16th 1925</u> Full name <u>Philip Stanley McDonald</u> Usual residence <u>East Missouri</u> Age last birthday <u>26</u> Racial origin <u>Scottish</u> Birthplace <u>Canada</u> Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>-</u> Full maiden name <u>Ellen Isabelle Kerr</u> Usual residence <u>East Missouri</u> Age last birthday <u>26</u> Racial origin <u>Scottish</u> Birthplace <u>Canada</u> Number of children including this one <u>2</u> living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	No. <u>13</u> Street and Number <u>1000 Olive Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u> Surname <u>Henderson</u> Given names in full <u>Lloyd Ellwood</u> Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Are the parents married <u>Yes</u> Date of Birth <u>Apr 24th 1925</u> Full name <u>Federick Lloyd Henderson</u> Usual residence <u>Jefferson</u> Age last birthday <u>22</u> Racial origin <u>Scottish</u> Birthplace <u>Jefferson</u> Trade or Profession <u>Clerk</u> Kind of industry or business in which employed <u>General</u> Full maiden name <u>Catharine Lydia Petrie</u> Usual residence <u>Jefferson</u> Age last birthday <u>25</u> Racial origin <u>Irish</u> Birthplace <u>Jefferson</u> Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	No. <u>13</u> Street and Number <u>1000 Olive Street</u> or Con. and Lot <u>(If in hospital, give name instead of street)</u> Surname <u>Lackey</u> Given names in full <u>Kenneth Ross</u> Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive <u>Yes</u> Are the parents married <u>Yes</u> Date of Birth <u>Apr 10th 1925</u> Full name <u>Arthur Francis Lackey</u> Usual residence <u>Jefferson</u> Age last birthday <u>42</u> Racial origin <u>English</u> Birthplace <u>Canada</u> Trade or Profession <u>Labourer</u> Kind of industry or business in which employed <u>-</u> Full maiden name <u>Gertrude Simes</u> Usual residence <u>Jefferson</u> Age last birthday <u>29</u> Racial origin <u>English</u> Birthplace <u>Canada</u> Number of children including this one <u>5</u> living <u>5</u> dead <u>0</u> Still-born <u>1</u> Occupation, if other than household duties <u>-</u>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of April 1925

W. B. Simes D. R.



# BIRTHS

County of Jefferson

Division of Insurance

Edmundson, Walter George Hutchinson, Ethel M. C. Butterworth, John Warner Butterworth, Helen Sawyer, Vernon Ross V. Ross Vickers, Ethel May Cannom, Florence Irene Corbett, Francis Roy Corbett, Orzela Cucksey, Ralph Earl Brady, Everal Otto Brady, Gladys Mae Vance,

THIS SPACE TO BE RESERVED FOR BINDING

No. 10  
 County Jefferson Municipality Woodville  
 Street and Number or Con. and Lat. Brothers Hospital  
 (If in hospital, give name instead of street)  
 Surname Dunn  
 Given names in full Daniel Clarence  
 Sex (M. or F.) M Twin or Triplet None Was child born alive? Yes Are the parents married? Yes  
 Date of Birth May 21st 1925  
 Full name George Dunn  
 Usual residence Beachville Age last birthday 30  
**FATHER**  
 Racial origin English Birth-place Ontario  
 Trade or Profession Farmer  
 Kind of industry or business in which employed Farmer  
 Full maiden name Clara Mathew Darr  
**MOTHER**  
 Usual residence Beachville Age last birthday 29  
 Racial origin English Birth-place Ontario  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of informant Ada L. Hedges  
 Address Ingersoll  
 Name of Physician in attendance Dr. Cornish  
 Date of receipt of Physician's notice May 23/25 Date of receipt of parent's registration May 15/25

No. 11  
 County Jefferson Municipality Ingersoll  
 Street and Number or Con. and Lat. Brothers Hospital  
 (If in hospital, give name instead of street)  
 Surname Hutchinson  
 Given names in full Elizabeth Bern  
 Sex (M. or F.) F Twin or Triplet None Was child born alive? Yes Are the parents married? Yes  
 Date of Birth May 14th 1925  
 Full name Elizabeth George Hutchinson  
 Usual residence North Oxford Age last birthday 30  
**FATHER**  
 Racial origin Scottish Birth-place Ontario  
 Trade or Profession Farmer  
 Kind of industry or business in which employed Farmer  
 Full maiden name Miss Bernice Linn  
**MOTHER**  
 Usual residence North Oxford Age last birthday 28  
 Racial origin Irish Birth-place Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant W. S. Hutchinson  
 Address Thamesford R.R. 3  
 Name of Physician in attendance Dr. Blair  
 Date of receipt of Physician's notice May 23/25 Date of receipt of parent's registration May 23/25

No. 9  
 County Jefferson Municipality Ingersoll  
 Street and Number or Con. and Lat. Brothers Hospital  
 (If in hospital, give name instead of street)  
 Surname Butterworth  
 Given names in full Lyle Henry  
 Sex (M. or F.) M Twin or Triplet None Was child born alive? Yes Are the parents married? Yes  
 Date of Birth May 1st 1925  
 Full name John Warner Butterworth  
 Usual residence Ingersoll RR 3 Age last birthday 25  
**FATHER**  
 Racial origin English Birth-place England  
 Trade or Profession Farmer  
 Kind of industry or business in which employed Farming  
 Full maiden name Helen Colyer  
**MOTHER**  
 Usual residence Ingersoll RR 3 Age last birthday 25  
 Racial origin English Birth-place place  
 Number of children including this one living 2 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of informant Ada L. Hedges  
 Address Ingersoll  
 Name of Physician in attendance Dr. Cornish  
 Date of receipt of Physician's notice May 1/25 Date of receipt of parent's registration May 1/25

No. 12  
 County Jefferson Municipality Ingersoll  
 Street and Number or Con. and Lat. Brothers Hospital  
 (If in hospital, give name instead of street)  
 Surname Vickers  
 Given names in full William Ross  
 Sex (M. or F.) M Twin or Triplet None Was child born alive? Yes Are the parents married? Yes  
 Date of Birth May 10th 1925  
 Full name William Ross Vickers  
 Usual residence Ingersoll Age last birthday 21  
**FATHER**  
 Racial origin Canadian Birth-place Ingersoll  
 Trade or Profession Libreightening  
 Kind of industry or business in which employed File Co.  
 Full maiden name Edith May Cannom  
**MOTHER**  
 Usual residence Ingersoll Age last birthday 19  
 Racial origin Canadian Birth-place Ingersoll  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant William Ross Vickers  
 Address Ingersoll  
 Name of Physician in attendance Dr. Ferguson  
 Date of receipt of Physician's notice May 15/25 Date of receipt of parent's registration May 28/25

No. 13  
 County Jefferson Municipality Ingersoll  
 Street and Number or Con. and Lat. Brothers Hospital  
 (If in hospital, give name instead of street)  
 Surname Corbett  
 Given names in full Florence Irene  
 Sex (M. or F.) F Twin or Triplet None Was child born alive? Yes Are the parents married? Yes  
 Date of Birth May 15th 1925  
 Full name Francis Roy Corbett  
 Usual residence W. Elgin Age last birthday 21  
**FATHER**  
 Racial origin English Birth-place Ontario  
 Trade or Profession Mechanics  
 Kind of industry or business in which employed Garage  
 Full maiden name Effie Orzela Cucksey  
**MOTHER**  
 Usual residence W. Elgin Age last birthday 22  
 Racial origin English Birth-place place  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of informant Ada L. Hedges  
 Address Ingersoll  
 Name of Physician in attendance Dr. Barrett  
 Date of receipt of Physician's notice May 11/25 Date of receipt of parent's registration May 27/25

No. 14  
 County Jefferson Municipality Ingersoll  
 Street and Number or Con. and Lat. Brothers Hospital  
 (If in hospital, give name instead of street)  
 Surname Brady  
 Given names in full Ralph Earl  
 Sex (M. or F.) M Twin or Triplet None Was child born alive? Yes Are the parents married? Yes  
 Date of Birth May 5th 1925  
 Full name Everal Otto Brady  
 Usual residence Ingersoll Age last birthday 26  
**FATHER**  
 Racial origin Canadian Birth-place Ingersoll  
 Trade or Profession Large Business  
 Kind of industry or business in which employed None  
 Full maiden name Gladys Mae Vance  
**MOTHER**  
 Usual residence Ingersoll Age last birthday 23  
 Racial origin Canadian Birth-place Ontario  
 Number of children including this one living 1 dead 0 Still-born 0  
 Occupation, if other than household duties None

Name of Informant E. E. Brady  
 Address Ingersoll  
 Name of Physician in attendance Dr. Williams  
 Date of receipt of Physician's notice May 9/25 Date of receipt of parent's registration May 9/25

I hereby certify that the above are correct registrations of Births filed with me during the month of May 1925

W. S. Hutchinson D. R.



# BIRTHS

donald fluent, gery kenneth fluent, eva english, donald arthur young, james arthur jessie piper mckellar mckellan, eleonor rae cade, harry clare cade, thelma elnora armes, paul macpherson ranney, peyton macpherson ranney, mabel alice wilford, harry earnest petrie, harry james petrie, vera blanche maria empey

County of Alford

Division of Ingersoll

No. 1

County Alford Municipality Ingersoll  
 Street and Number Cherry Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Brooks

Given names in full Margaret Ruth Elizabeth

Sex (M. or F.) M Twin or Triplet no Was child born alive? yes Are the parents married? yes

Date of Birth Apr 14th 1925

FATHER: Full name Donald Thomas Brooks Usual residence Alford Age last birthday 25 Racial origin English Birth place Alford Trade or Profession Carpenter Kind of industry or business in which employed Building

MOTHER: Full maiden name Marion Margaret Cullen Usual residence Alford Age last birthday 20 Racial origin English Birth place Alford Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

No. 2

County Alford Municipality Ingersoll  
 Street and Number Alford Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Young

Given names in full Donald Arthur

Sex (M. or F.) M Twin or Triplet no Was child born alive? yes Are the parents married? yes

Date of Birth Apr 10th 1925

FATHER: Full name James Arthur Young Usual residence Alford Age last birthday 32 Racial origin English Birth place Alford Trade or Profession Farmer Kind of industry or business in which employed -

MOTHER: Full maiden name Jessie Alice McKellar Usual residence Alford Age last birthday 23 Racial origin Scottish Birth place Alford Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

No. 3

County Alford Municipality Ingersoll  
 Street and Number Alford Hospital  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Ranney

Given names in full Paul Macpherson

Sex (M. or F.) M Twin or Triplet no Was child born alive? yes Are the parents married? yes

Date of Birth Apr 11th 1925

FATHER: Full name Stephen Macpherson Ranney Usual residence Alford Age last birthday 24 Racial origin British Birth place Alford Trade or Profession Farmer Kind of industry or business in which employed Farmer

MOTHER: Full maiden name Mabel Alice Wilford Usual residence Alford Age last birthday 21 Racial origin British Birth place Alford Number of children including this one living 1 dead 0 Still-born 0 Occupation, if other than household duties -

Name of informant Mrs. D. V. Brooks

Address Ingersoll

Name of Physician in attendance D. Carrick

Date of receipt of Physician's notice Apr 14/25

Name of informant J. Arthur Young

Address Alford

Name of Physician in attendance D. Carrick

Date of receipt of Physician's notice Apr 14/25

Name of informant Stephen M. Ranney

Address Alford

Name of Physician in attendance D. Carrick

Date of receipt of Physician's notice Apr 14/25

No. 4

County Alford Municipality Ingersoll  
 Street and Number William Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Fluent

Given names in full Gery Kenneth

Sex (M. or F.) M Twin or Triplet no Was child born alive? yes Are the parents married? yes

Date of Birth Apr 15th 1925

FATHER: Full name Gery Kenneth Fluent Usual residence Royal Oak Mich Age last birthday 32 Racial origin English Birth place Michigan Trade or Profession Baker Kind of industry or business in which employed Baking

MOTHER: Full maiden name Eva English Usual residence Royal Oak Mich Age last birthday 31 Racial origin English Birth place Ontario Number of children including this one living 2 dead 0 Still-born 0 Occupation, if other than household duties -

No. 5

County Alford Municipality Ingersoll  
 Street and Number James Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Cade

Given names in full Eleonor Rae

Sex (M. or F.) F Twin or Triplet no Was child born alive? yes Are the parents married? yes

Date of Birth May 9th 1925

FATHER: Full name Harry Clare Cade Usual residence Ingersoll Age last birthday 27 Racial origin English Birth place Ontario Trade or Profession Carpenter Kind of industry or business in which employed blue keeper

MOTHER: Full maiden name Thelma Elnora Armes Usual residence Ingersoll Age last birthday 26 Racial origin English Birth place Ontario Number of children including this one living 2 dead 1 Still-born 0 Occupation, if other than household duties -

No. 6

County Alford Municipality Ingersoll  
 Street and Number James Street  
 or Con. and Lot (If in hospital, give name instead of street)

Surname Petrie

Given names in full Harry James

Sex (M. or F.) M Twin or Triplet no Was child born alive? yes Are the parents married? yes

Date of Birth May 4th 1925

FATHER: Full name Harry James Petrie Jr Usual residence Ingersoll Age last birthday 30 Racial origin English Birth place Ingersoll Trade or Profession Machinist Kind of industry or business in which employed Screw Maker

MOTHER: Full maiden name Vera Blanche Maria Empey Usual residence Ingersoll Age last birthday 29 Racial origin English Birth place Ingersoll Number of children including this one living 3 dead 0 Still-born 0 Occupation, if other than household duties -

I hereby certify that the above are correct registrations of Births filed with me during the month of May 1925  
D. Carrick D. R.

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

smith, mary kathleen pickard, carl victor ~~quah~~, fred albert couch, pearl augusta green, allen robert mcpherson, robert james mcpherson, olive annie philip phillips, thomas francis ryan, thomas michael ryan, margaret mary quilty, helen isabel edward henry ball, florence may davis

County of Alford Division of Register

THIS SPACE TO BE RESERVED FOR BINDING

County No. 1				County No. 5				County No. 9			
County <u>Alford</u> Municipality <u>Windsor</u>				County <u>Alford</u> Municipality <u>Windsor</u>				County <u>Alford</u> Municipality <u>Windsor</u>			
Street and Number or Con. and Loc. <u>Walter Street</u> <small>(If in hospital, give name instead of street)</small>				Street and Number or Con. and Loc. <u>Walter Street</u> <small>(If in hospital, give name instead of street)</small>				Street and Number or Con. and Loc. <u>Walter Street</u> <small>(If in hospital, give name instead of street)</small>			
Surname <u>Kirwin</u>				Surname <u>Couch</u>				Surname <u>Ryan</u>			
Given names in full <u>Leah Vincent</u>				Given names in full <u>Carl Victor</u>				Given names in full <u>Thomas Michael</u>			
Sex (M. or F.)	Twin or Triplet	Was child born alive?	Are the parents married?	Sex (M. or F.)	Twin or Triplet	Was child born alive?	Are the parents married?	Sex (M. or F.)	Twin or Triplet	Was child born alive?	Are the parents married?
<u>M</u>		<u>Yes</u>	<u>Yes</u>	<u>M</u>		<u>Yes</u>	<u>Yes</u>	<u>M</u>		<u>Yes</u>	<u>Yes</u>
Date of Birth <u>May 11th 1925</u>				Date of Birth <u>June 2nd 1925</u>				Date of Birth <u>June 9th 1925</u>			
Full name <u>Leah Vincent Kirwin</u>				Full name <u>Carl Victor Couch</u>				Full name <u>Thomas Michael Ryan</u>			
FATHER		MOTHER		FATHER		MOTHER		FATHER		MOTHER	
Usual residence	Age last birthday	Racial origin	Birth	Usual residence	Age last birthday	Racial origin	Birth	Usual residence	Age last birthday	Racial origin	Birth
<u>Windsor</u>	<u>30</u>	<u>Canadian</u>	<u>Ontario</u>	<u>Windsor</u>	<u>29</u>	<u>English</u>	<u>Ontario</u>	<u>Windsor</u>	<u>30</u>	<u>Irish</u>	<u>Ireland</u>
Occupation				Occupation				Occupation			
Trade or Profession	Kind of Industry or business in which employed	Full maiden name	Usual residence	Trade or Profession	Kind of Industry or business in which employed	Full maiden name	Usual residence	Trade or Profession	Kind of Industry or business in which employed	Full maiden name	Usual residence
<u>Operator</u>	<u>Telegraph</u>	<u>Mrs. Adelaide Kennedy</u>	<u>Windsor</u>	<u>Barman</u>	<u>Railroad</u>	<u>Carl Augusta Breen</u>	<u>Windsor</u>	<u>Barman</u>	<u>-</u>	<u>Margaret Mary Dillly</u>	<u>Windsor</u>
MOTHER				MOTHER				MOTHER			
Racial origin	Birth	Number of children including this one	Still-born	Racial origin	Birth	Number of children including this one	Still-born	Racial origin	Birth	Number of children including this one	Still-born
<u>Canadian</u>	<u>Ontario</u>	living <u>3</u> dead <u>0</u>	<u>0</u>	<u>English</u>	<u>Ontario</u>	living <u>1</u> dead <u>0</u>	<u>0</u>	<u>Irish</u>	<u>Ireland</u>	living <u>3</u> dead <u>0</u>	<u>0</u>
Occupation, if other than household duties				Occupation, if other than household duties				Occupation, if other than household duties			
<u>-</u>				<u>-</u>				<u>-</u>			
Name of Informant <u>Leah Vincent Kirwin</u>				Name of Informant <u>Mrs. Carl Couch</u>				Name of Informant <u>Mrs. Margaret Ryan</u>			
Address <u>Windsor</u>				Address <u>Windsor</u>				Address <u>Windsor</u>			
Name of Physician in attendance <u>Dr. Gurland</u>				Name of Physician in attendance <u>Dr. Carmish</u>				Name of Physician in attendance <u>Dr. Gurland</u>			
Date of receipt of Physician's notice		Date of receipt of parent's registration		Date of receipt of Physician's notice		Date of receipt of parent's registration		Date of receipt of Physician's notice		Date of receipt of parent's registration	
<u>May 11/25</u>	<u>May 11/25</u>	<u>June 12/25</u>	<u>June 12/25</u>	<u>June 9/25</u>	<u>June 9/25</u>						
County No. 15				County No. 11				County No. 13			
County <u>Alford</u> Municipality <u>Windsor</u>				County <u>Alford</u> Municipality <u>Windsor</u>				County <u>Alford</u> Municipality <u>Windsor</u>			
Street and Number or Con. and Loc. <u>Walter Street</u> <small>(If in hospital, give name instead of street)</small>				Street and Number or Con. and Loc. <u>Walter Street</u> <small>(If in hospital, give name instead of street)</small>				Street and Number or Con. and Loc. <u>Walter Street</u> <small>(If in hospital, give name instead of street)</small>			
Surname <u>Smith</u>				Surname <u>McPherson</u>				Surname <u>Ball</u>			
Given names in full <u>James Clarence</u>				Given names in full <u>Allen Robert</u>				Given names in full <u>Helen Isobel</u>			
<u>M</u>		<u>Yes</u>	<u>Yes</u>	<u>M</u>		<u>Yes</u>	<u>Yes</u>	<u>F</u>		<u>Yes</u>	<u>Yes</u>
Date of Birth <u>May 24th 1925</u>				Date of Birth <u>June 2nd 1925</u>				Date of Birth <u>June 4th 1925</u>			
Full name <u>James Clinton Smith</u>				Full name <u>Robert James McPherson</u>				Full name <u>Edward Henry Ball</u>			
FATHER		MOTHER		FATHER		MOTHER		FATHER		MOTHER	
Usual residence	Age last birthday	Racial origin	Birth	Usual residence	Age last birthday	Racial origin	Birth	Usual residence	Age last birthday	Racial origin	Birth
<u>Windsor</u>	<u>34</u>	<u>Canadian</u>	<u>Windsor</u>	<u>Windsor</u>	<u>32</u>	<u>Scott</u>	<u>Ontario</u>	<u>Windsor</u>	<u>35</u>	<u>Irish</u>	<u>Ontario</u>
Occupation				Occupation				Occupation			
Trade or Profession	Kind of Industry or business in which employed	Full maiden name	Usual residence	Trade or Profession	Kind of Industry or business in which employed	Full maiden name	Usual residence	Trade or Profession	Kind of Industry or business in which employed	Full maiden name	Usual residence
<u>Mechanic</u>	<u>Windsor</u>	<u>Mary Kathleen</u>	<u>Windsor</u>	<u>Physician</u>	<u>Windsor</u>	<u>Elizabeth Child</u>	<u>Windsor</u>	<u>Farmer</u>	<u>Farming</u>	<u>Florence May Davis</u>	<u>Windsor</u>
MOTHER				MOTHER				MOTHER			
Racial origin	Birth	Number of children including this one	Still-born	Racial origin	Birth	Number of children including this one	Still-born	Racial origin	Birth	Number of children including this one	Still-born
<u>Canadian</u>	<u>Windsor</u>	living <u>6</u> dead <u>1</u>	<u>0</u>	<u>English</u>	<u>Ontario</u>	living <u>2</u> dead <u>0</u>	<u>0</u>	<u>Irish</u>	<u>Ontario</u>	living <u>1</u> dead <u>0</u>	<u>0</u>
Occupation, if other than household duties				Occupation, if other than household duties				Occupation, if other than household duties			
<u>-</u>				<u>-</u>				<u>-</u>			
Name of Informant <u>James C. Smith</u>				Name of Informant <u>R. J. McPherson</u>				Name of Informant <u>Edward Henry Ball</u>			
Address <u>Windsor</u>				Address <u>Highland Park, Mich.</u>				Address <u>Windsor</u>			
Name of Physician in attendance <u>Dr. Gurland</u>				Name of Physician in attendance <u>Dr. Rogers</u>				Name of Physician in attendance <u>Dr. Klein</u>			
Date of receipt of Physician's notice		Date of receipt of parent's registration		Date of receipt of Physician's notice		Date of receipt of parent's registration		Date of receipt of Physician's notice		Date of receipt of parent's registration	
<u>May 24/25</u>	<u>May 24/25</u>	<u>June 2/25</u>	<u>June 2/25</u>	<u>June 2/25</u>	<u>June 2/25</u>	<u>June 4/25</u>	<u>June 4/25</u>				

I hereby certify that the above are correct registrations of Births filed with me during the month of June 1925

W. H. Smith D. R.



# BIRTHS

allan young, bernice alberta bolis, jack william wallis, william walter wallis, katharine murray, charles murray, john arthur murray, mary edna riddle, violet may pearson, ittmer pearson, iris may daves, charles alfred lose, richard losee, cassie selina gunstone crutcher

County of Alford

Division of Ingersoll

No. <u>1</u>	No. <u>2</u>	No. <u>3</u>
County <u>Alford</u> Municipality <u>Waseca</u>	County <u>Alford</u> Municipality <u>Waseca</u>	County <u>Alford</u> Municipality <u>Waseca</u>
Street and Number <u>King Street</u> <small>(If in hospital, give name instead of street)</small>	Street and Number <u>King Street</u> <small>(If in hospital, give name instead of street)</small>	Street and Number <u>King Street</u> <small>(If in hospital, give name instead of street)</small>
Surname <u>Phillips</u>	Surname <u>Phillips</u>	Surname <u>Bearson</u>
Given name in full <u>Ronald Amerson</u>	Given name in full <u>John William</u>	Given name in full <u>Violet May</u>
Sex (M. or F.) <u>M</u> <input checked="" type="checkbox"/> <small>Twin or Triplet</small> <u>no</u> <input type="checkbox"/> <small>Was child born alive?</small> <u>yes</u> <input checked="" type="checkbox"/> <small>Are the parents married?</small> <u>yes</u> <input checked="" type="checkbox"/>	Sex (M. or F.) <u>M</u> <input checked="" type="checkbox"/> <small>Twin or Triplet</small> <u>no</u> <input type="checkbox"/> <small>Was child born alive?</small> <u>yes</u> <input checked="" type="checkbox"/> <small>Are the parents married?</small> <u>yes</u> <input checked="" type="checkbox"/>	Sex (M. or F.) <u>F</u> <input checked="" type="checkbox"/> <small>Twin or Triplet</small> <u>no</u> <input type="checkbox"/> <small>Was child born alive?</small> <u>yes</u> <input checked="" type="checkbox"/> <small>Are the parents married?</small> <u>yes</u> <input checked="" type="checkbox"/>
Date of Birth <u>May 14th 1925</u>	Date of Birth <u>May 14th 1925</u>	Date of Birth <u>May 31st 1925</u>
Full name <u>Ronald Amerson Phillips</u>	Full name <u>William Phillip Phillips</u>	Full name <u>Shirley Bearson</u>
Usual residence <u>Ingersoll</u> Age last birthday <u>24</u>	Usual residence <u>Delton</u> Age last birthday <u>30</u>	Usual residence <u>Delton</u> Age last birthday <u>27</u>
FATHER: Racial origin <u>English</u> Birthplace <u>England</u>	FATHER: Racial origin <u>English</u> Birthplace <u>Ontario</u>	FATHER: Racial origin <u>Canadian</u> Birthplace <u>Canada</u>
Occupation <u>Beam Maker</u>	Occupation <u>Farmer</u>	Occupation <u>Beam Making</u>
Full maiden name <u>Christina Maud Lecker</u>	Full maiden name <u>Katharine Mary Terwin</u>	Full maiden name <u>Iris May Daves</u>
MOTHER: Usual residence <u>Ingersoll</u> Age last birthday <u>26</u>	MOTHER: Usual residence <u>Delton</u> Age last birthday <u>36</u>	MOTHER: Usual residence <u>King Ingersoll</u> Age last birthday <u>23</u>
MOTHER: Racial origin <u>English</u> Birthplace <u>Ontario</u>	MOTHER: Racial origin <u>Irish</u> Birthplace <u>Ontario</u>	MOTHER: Racial origin <u>Canadian</u> Birthplace <u>Ontario</u>
Number of children including this one <u>3</u> living <u>3</u> dead <u>0</u> Still-born <u>0</u>	Number of children including this one <u>5</u> living <u>3</u> dead <u>0</u> Still-born <u>2</u>	Number of children including this one <u>2</u> living <u>2</u> dead <u>1</u> Still-born <u>0</u>
Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>
Name of informant <u>Lee A Phillips</u>	Name of informant <u>Ada C Hodges</u>	Name of informant <u>S Bearson</u>
Address <u>Ingersoll</u>	Address <u>Ingersoll</u>	Address <u>Delton</u>
Name of Physician in attendance <u>D. Williams</u>	Name of Physician in attendance <u>D. Williams</u>	Name of Physician in attendance <u>D. Williams</u>
Date of receipt of Physician's notice <u>May 19/25</u> Date of receipt of parent's registration <u>June 1/25</u>	Date of receipt of Physician's notice <u>May 19/25</u> Date of receipt of parent's registration <u>June 5/25</u>	Date of receipt of Physician's notice <u>June 1/25</u> Date of receipt of parent's registration <u>June 1/25</u>
No. <u>4</u>	No. <u>5</u>	No. <u>6</u>
County <u>Alford</u> Municipality <u>Waseca</u>	County <u>Alford</u> Municipality <u>Waseca</u>	County <u>Alford</u> Municipality <u>Waseca</u>
Street and Number <u>Victoria Street</u> <small>(If in hospital, give name instead of street)</small>	Street and Number <u>Victoria Street</u> <small>(If in hospital, give name instead of street)</small>	Street and Number <u>See Street</u> <small>(If in hospital, give name instead of street)</small>
Surname <u>Young</u>	Surname <u>Murray</u>	Surname <u>Loose</u>
Given name in full <u>Ruth Adelaide</u>	Given name in full <u>Charles</u>	Given name in full <u>Charles Alfred</u>
Sex (M. or F.) <u>F</u> <input checked="" type="checkbox"/> <small>Twin or Triplet</small> <u>no</u> <input type="checkbox"/> <small>Was child born alive?</small> <u>yes</u> <input checked="" type="checkbox"/> <small>Are the parents married?</small> <u>yes</u> <input checked="" type="checkbox"/>	Sex (M. or F.) <u>M</u> <input checked="" type="checkbox"/> <small>Twin or Triplet</small> <u>no</u> <input type="checkbox"/> <small>Was child born alive?</small> <u>no</u> <input type="checkbox"/> <small>Are the parents married?</small> <u>yes</u> <input checked="" type="checkbox"/>	Sex (M. or F.) <u>M</u> <input checked="" type="checkbox"/> <small>Twin or Triplet</small> <u>no</u> <input type="checkbox"/> <small>Was child born alive?</small> <u>yes</u> <input checked="" type="checkbox"/> <small>Are the parents married?</small> <u>yes</u> <input checked="" type="checkbox"/>
Date of Birth <u>May 14th 1925</u>	Date of Birth <u>June 10th 1925</u>	Date of Birth <u>May 22nd 1925</u>
Full name <u>William Young</u>	Full name <u>John Arthur Murray</u>	Full name <u>Richard Loose</u>
Usual residence <u>Ingersoll</u> Age last birthday <u>32</u>	Usual residence <u>Delton</u> Age last birthday <u>33</u>	Usual residence <u>Ingersoll</u> Age last birthday <u>39</u>
FATHER: Racial origin <u>English</u> Birthplace <u>Ontario</u>	FATHER: Racial origin <u>Scottish</u> Birthplace <u>Ontario</u>	FATHER: Racial origin <u>English</u> Birthplace <u>England</u>
Occupation <u>Machinist</u>	Occupation <u>Farmer</u>	Occupation <u>Shipper</u>
Full maiden name <u>Frances Alberta Ballis</u>	Full maiden name <u>Mary Edna Riddle</u>	Full maiden name <u>Cassie Selina Gunstone Crutcher</u>
MOTHER: Usual residence <u>Ingersoll</u> Age last birthday <u>30</u>	MOTHER: Usual residence <u>Delton</u> Age last birthday <u>35</u>	MOTHER: Usual residence <u>Ingersoll</u> Age last birthday <u>39</u>
MOTHER: Racial origin <u>Canadian</u> Birthplace <u>Ontario</u>	MOTHER: Racial origin <u>English</u> Birthplace <u>Ontario</u>	MOTHER: Racial origin <u>English</u> Birthplace <u>England</u>
Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u>	Number of children including this one <u>1</u> living <u>0</u> dead <u>0</u> Still-born <u>1</u>	Number of children including this one <u>2</u> living <u>0</u> dead <u>0</u> Still-born <u>0</u>
Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>
Name of informant <u>Ma Blaw Young</u>	Name of informant <u>John A Murray</u>	Name of informant <u>Richard Loose</u>
Address <u>Ingersoll</u>	Address <u>Delton R.R. 6</u>	Address <u>Ingersoll</u>
Name of Physician in attendance <u>D. Williams</u>	Name of Physician in attendance <u>D. Williams</u>	Name of Physician in attendance <u>D. Macdonald</u>
Date of receipt of Physician's notice <u>May 19/25</u> Date of receipt of parent's registration <u>June 1/25</u>	Date of receipt of Physician's notice <u>June 1/25</u> Date of receipt of parent's registration <u>June 1/25</u>	Date of receipt of Physician's notice <u>May 25/25</u> Date of receipt of parent's registration <u>June 1/25</u>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of June 1925  
W.D. Smith D. R.



# BIRTHS

County of Jefferson

Division of Surgeon

ivan leach, edwin bernard leach, abigail force, eleanor jean henderson, lorne andrew henderson, phoebe luella allison, lorne critchley goodfellow, mina goodfellow, catherine madeline wardle, charles alfred wardle, mary granger, james david bryant, alma garlick

THIS SPACE TO BE RESERVED FOR BINDING

No. 1		No. 2		No. 3	
Street and Number or Con. <u>1414 S. 2nd St. S. Eugene, Ore.</u>		Street and Number or Con. <u>1414 S. 2nd St. S. Eugene, Ore.</u>		Street and Number or Con. <u>1414 S. 2nd St. S. Eugene, Ore.</u>	
Surname <u>Hamilton</u>		Surname <u>Henderson</u>		Surname <u>Wardle</u>	
Given names in full <u>Shirley Ann Margaret</u>		Given names in full <u>Eleanor Jean</u>		Given names in full <u>Catherine Madeline</u>	
Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>
Date of Birth <u>June 4th 1925</u>		Date of Birth <u>June 2nd 1925</u>		Date of Birth <u>June 26th 1925</u>	
Place of Parents' Marriage <u>London</u>		Place of Parents' Marriage <u>England</u>		Place of Parents' Marriage <u>Wilsanburg</u>	
Date of Marriage <u>Mar 16th 1915</u>		Date of Marriage <u>July 17th 1917</u>		Date of Marriage <u>July 18th 1923</u>	
<b>FATHER</b> Full name <u>Robert Andrew Hamilton</u> Usual residence <u>Wintona</u> Racial origin <u>English</u> Trade or Profession <u>Farmer</u>		<b>FATHER</b> Full name <u>Robert Andrew Henderson</u> Usual residence <u>England</u> Racial origin <u>Scottish</u> Trade or Profession <u>Farmer</u>		<b>FATHER</b> Full name <u>Charles Alfred Wardle</u> Usual residence <u>England</u> Racial origin <u>English</u> Trade or Profession <u>Farmer</u>	
<b>MOTHER</b> Full maiden name <u>Jessie Jane</u> Usual residence <u>Wintona</u> Racial origin <u>English</u> Number of children in <u>3</u> living <u>3</u> dead <u>0</u> still-born <u>0</u>		<b>MOTHER</b> Full maiden name <u>Phoebe Luella Allison</u> Usual residence <u>England</u> Racial origin <u>English</u> Number of children in <u>4</u> living <u>4</u> dead <u>0</u> still-born <u>0</u>		<b>MOTHER</b> Full maiden name <u>Mary Granger</u> Usual residence <u>England</u> Racial origin <u>English</u> Number of children in <u>2</u> living <u>2</u> dead <u>0</u> still-born <u>0</u>	
Name of informant <u>Frank Ormule</u>		Name of informant <u>Frank Ormule</u>		Name of informant <u>Mrs. Phoebe Wardle</u>	
Address <u>England</u>		Address <u>England</u>		Address <u>England</u>	
Name of Physician in attendance <u>Dr. Stein</u>		Name of Physician in attendance <u>Dr. Stein</u>		Name of Physician in attendance <u>Dr. Carrish</u>	
Date of receipt of Physician's notice <u>June 4th 1925</u>		Date of receipt of Physician's notice <u>June 2nd 1925</u>		Date of receipt of Physician's notice <u>June 26th 1925</u>	
Street and Number or Con. and Lot <u>1414 S. 2nd St. S. Eugene, Ore.</u>		Street and Number or Con. and Lot <u>1414 S. 2nd St. S. Eugene, Ore.</u>		Street and Number or Con. and Lot <u>1414 S. 2nd St. S. Eugene, Ore.</u>	
Surname <u>Leach</u>		Surname <u>Goodfellow</u>		Surname <u>Bryant</u>	
Given names in full <u>Edwin Bernard</u>		Given names in full <u>Lorne Andrew</u>		Given names in full <u>James David</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Date of Birth <u>June 12th 1925</u>		Date of Birth <u>July 1st 1925</u>		Date of Birth <u>July 5th 1925</u>	
Place of Parents' Marriage <u>Kitchener</u>		Place of Parents' Marriage <u>Not married</u>		Place of Parents' Marriage <u>England</u>	
Date of Marriage <u>Oct 7th 1907</u>		Date of Marriage <u>-</u>		Date of Marriage <u>Apr 7th 1917</u>	
<b>FATHER</b> Full name <u>Edwin Bernard Leach</u> Usual residence <u>England</u> Racial origin <u>German</u> Trade or Profession <u>Farmer</u>		<b>FATHER</b> Full name <u>-</u> Usual residence <u>-</u> Racial origin <u>-</u> Trade or Profession <u>-</u>		<b>FATHER</b> Full name <u>James Bryant</u> Usual residence <u>England</u> Racial origin <u>English</u> Trade or Profession <u>Farmer</u>	
<b>MOTHER</b> Full maiden name <u>Abigail Force</u> Usual residence <u>England</u> Racial origin <u>English</u> Number of children in <u>10</u> living <u>9</u> dead <u>1</u> still-born <u>0</u>		<b>MOTHER</b> Full maiden name <u>Mina Goodfellow</u> Usual residence <u>Wintona</u> Racial origin <u>English</u> Number of children in <u>1</u> living <u>1</u> dead <u>0</u> still-born <u>0</u>		<b>MOTHER</b> Full maiden name <u>Alma Garlick</u> Usual residence <u>England</u> Racial origin <u>English</u> Number of children in <u>3</u> living <u>3</u> dead <u>0</u> still-born <u>0</u>	
Name of informant <u>Edwin Leach</u>		Name of informant <u>Alma Goodfellow</u>		Name of informant <u>James Bryant</u>	
Address <u>England</u>		Address <u>England</u>		Address <u>England</u>	
Name of Physician in attendance <u>Dr. Rogers</u>		Name of Physician in attendance <u>Dr. Carrish</u>		Name of Physician in attendance <u>Dr. Carrish</u>	
Date of receipt of Physician's notice <u>July 9th 1925</u>		Date of receipt of Physician's notice <u>July 1st 1925</u>		Date of receipt of Physician's notice <u>July 5th 1925</u>	



# BIRTHS

Robert curly wawer, eries whitew, harriet muna, thorn whitson, elisbeth powell, harry john abbott, irene bell dale, donald sutherland cameron, elizabeth powell, donald henry manzer, gordon frederick manzer, laura belle kating cating, marjorie ruth lies, wallace henry lies, lenora kathleen couch, harry arthur piper, henry edwin piper, agnes may gilling

County of Jefferson Division of Singersee

No. 7		No. 8		No. 9	
Street and Number or Cor. and (if in hospital, give name of hospital)		Street and Number or Cor. and (if in hospital, give name of hospital)		Street and Number or Cor. and (if in hospital, give name of hospital)	
Surname		Surname		Surname	
Given names in full		Given names in full		Given names in full	
Sex (M. or F.)	Twin or Triplet	Sex (M. or F.)	Twin or Triplet	Sex (M. or F.)	Twin or Triplet
Was child born alive?		Was child born alive?		Was child born alive?	
Date of Birth		Date of Birth		Date of Birth	
Place of Parents' Marriage		Place of Parents' Marriage		Place of Parents' Marriage	
Date of Marriage		Date of Marriage		Date of Marriage	
Full name		Full name		Full name	
Usual residence	Age last birthday	Usual residence	Age last birthday	Usual residence	Age last birthday
Racial origin	Birth place	Racial origin	Birth place	Racial origin	Birth place
Trade or Profession	Kind of industry or business in which employed	Trade or Profession	Kind of industry or business in which employed	Trade or Profession	Kind of industry or business in which employed
Full maiden name		Full maiden name		Full maiden name	
Usual residence	Age last birthday	Usual residence	Age last birthday	Usual residence	Age last birthday
Racial origin	Birth place	Racial origin	Birth place	Racial origin	Birth place
Number of children including this one	living	dead	Still born	Number of children including this one	living
Occupation, if other than household duties		Occupation, if other than household duties		Occupation, if other than household duties	
Name of Informant		Name of Informant		Name of Informant	
Address		Address		Address	
Name of Physician in attendance		Name of Physician in attendance		Name of Physician in attendance	
Date of receipt of Physician's notice	Date of receipt of parent's registration	Date of receipt of Physician's notice	Date of receipt of parent's registration	Date of receipt of Physician's notice	Date of receipt of parent's registration
Street and Number or Cor. and (if in hospital, give name of hospital)		Street and Number or Cor. and (if in hospital, give name of hospital)		Street and Number or Cor. and (if in hospital, give name of hospital)	
Surname		Surname		Surname	
Given names in full		Given names in full		Given names in full	
Sex (M. or F.)	Twin or Triplet	Sex (M. or F.)	Twin or Triplet	Sex (M. or F.)	Twin or Triplet
Was child born alive?		Was child born alive?		Was child born alive?	
Date of Birth		Date of Birth		Date of Birth	
Place of Parents' Marriage		Place of Parents' Marriage		Place of Parents' Marriage	
Date of Marriage		Date of Marriage		Date of Marriage	
Full name		Full name		Full name	
Usual residence	Age last birthday	Usual residence	Age last birthday	Usual residence	Age last birthday
Racial origin	Birth place	Racial origin	Birth place	Racial origin	Birth place
Trade or Profession	Kind of industry or business in which employed	Trade or Profession	Kind of industry or business in which employed	Trade or Profession	Kind of industry or business in which employed
Full maiden name		Full maiden name		Full maiden name	
Usual residence	Age last birthday	Usual residence	Age last birthday	Usual residence	Age last birthday
Racial origin	Birth place	Racial origin	Birth place	Racial origin	Birth place
Number of children including this one	living	dead	Still born	Number of children including this one	living
Occupation, if other than household duties		Occupation, if other than household duties		Occupation, if other than household duties	
Name of Informant		Name of Informant		Name of Informant	
Address		Address		Address	
Name of Physician in attendance		Name of Physician in attendance		Name of Physician in attendance	
Date of receipt of Physician's notice	Date of receipt of parent's registration	Date of receipt of Physician's notice	Date of receipt of parent's registration	Date of receipt of Physician's notice	Date of receipt of parent's registration

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1925



# BIRTHS

John Hoolihan, Mary Eleashia Eleshia Delaney, Marian Louise  
James Rowland, Vera Lillian Cable, Ila Elizabeth Copeland, Ely Percy Edgar  
Matilda Margaret Taylor, Eileen Hildreth Bodwell, Frederick St. Clair Bodwell  
Emily Reid, Verria Marnie Payne, Gordon James Payne, Mary Marine Doyle

County of Alford

Division of Ingersoll

No. 1		No. 2		No. 3	
Street and Number of Con. and Lot <u>1011 Main Street</u> <small>(If in hospital, give name of hospital and street)</small>		Street and Number of Con. and Lot <u>1011 Main Street</u> <small>(If in hospital, give name of hospital and street)</small>		Street and Number of Con. and Lot <u>1011 Main Street</u> <small>(If in hospital, give name of hospital and street)</small>	
Surname <u>Blane</u>		Surname <u>Rowland</u>		Surname <u>Baldwin</u>	
Given names in full <u>John Kenneth</u>		Given names in full <u>Marian Louise</u>		Given names in full <u>Eileen Hildreth</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>	
Date of Birth <u>July 16th 1925</u>		Date of Birth <u>July 2nd 1925</u>		Date of Birth <u>Aug 28th 1925</u>	
Place of Parents' Marriage <u>-</u>		Place of Parents' Marriage <u>Brandon</u>		Place of Parents' Marriage <u>Mr. Kelgin</u>	
Date of Marriage <u>-</u>		Date of Marriage <u>June 14th 1922</u>		Date of Marriage <u>Apr 13th 1920</u>	
<b>FATHER</b> Full name <u>John C. Blane</u> Usual residence <u>Ingersoll</u> Racial origin <u>Scottish Ireland</u> Trade or Profession <u>Mule Spinner</u> Kind of industry or business in which employed <u>Union Mills</u>		<b>FATHER</b> Full name <u>William James Rowland</u> Usual residence <u>Ingersoll</u> Racial origin <u>English England</u> Trade or Profession <u>Machine Hand</u> Kind of industry or business in which employed <u>Gen. Mfg. Co.</u>		<b>FATHER</b> Full name <u>James Blair Baldwin</u> Usual residence <u>Mr. Kelgin</u> Racial origin <u>English Ontario</u> Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>Farming</u>	
<b>MOTHER</b> Full maiden name <u>Ann Marshall Johnson</u> Usual residence <u>Ingersoll</u> Racial origin <u>Scottish Ireland</u> Number of children including this one <u>1</u> living <u>0</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		<b>MOTHER</b> Full maiden name <u>Vera Lillian Cable</u> Usual residence <u>Ingersoll</u> Racial origin <u>English Ingersoll</u> Number of children including this one <u>2</u> living <u>0</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		<b>MOTHER</b> Full maiden name <u>Emily Reid</u> Usual residence <u>Mr. Kelgin</u> Racial origin <u>English England</u> Number of children including this one <u>2</u> living <u>0</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>John C. Blane</u>		Name of Informant <u>Wm. L. Rowland</u>		Name of Informant <u>James C. Tringle</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Gurney</u>		Name of Physician in attendance <u>Dr. Gurney</u>		Name of Physician in attendance <u>Dr. H. Barrett</u>	
Date of receipt of Physician's notice <u>July 1925</u>		Date of receipt of Physician's notice <u>July 29th 1925</u>		Date of receipt of Physician's notice <u>-</u>	
Date of receipt of parent's registration <u>July 1925</u>		Date of receipt of parent's registration <u>July 29th 1925</u>		Date of receipt of parent's registration <u>July 1925</u>	
No. 4		No. 5		No. 6	
Street and Number of Con. and Lot <u>1011 Main Street</u> <small>(If in hospital, give name of hospital and street)</small>		Street and Number of Con. and Lot <u>1011 Main Street</u> <small>(If in hospital, give name of hospital and street)</small>		Street and Number of Con. and Lot <u>Henry Street</u> <small>(If in hospital, give name of hospital and street)</small>	
Surname <u>Baselahan</u>		Surname <u>Copeland</u>		Surname <u>Payne</u>	
Given names in full <u>Mary Agnes</u>		Given names in full <u>Ila Elizabeth</u>		Given names in full <u>Verna Marnie</u>	
Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>	
Date of Birth <u>July 22nd 1925</u>		Date of Birth <u>Aug 28th 1925</u>		Date of Birth <u>July 17th 1925</u>	
Place of Parents' Marriage <u>Ingersoll</u>		Place of Parents' Marriage <u>Brandon</u>		Place of Parents' Marriage <u>Ingersoll</u>	
Date of Marriage <u>Oct 12th 1911</u>		Date of Marriage <u>Aug 24th 1920</u>		Date of Marriage <u>Oct 9th 1916</u>	
<b>FATHER</b> Full name <u>John Baselahan</u> Usual residence <u>Ingersoll</u> Racial origin <u>Irish Ingersoll</u> Trade or Profession <u>Millwright</u> Kind of industry or business in which employed <u>Car Body</u>		<b>FATHER</b> Full name <u>Ila Carey Copeland</u> Usual residence <u>Ingersoll</u> Racial origin <u>English Winnipeg</u> Trade or Profession <u>Cash</u> Kind of industry or business in which employed <u>Railway</u>		<b>FATHER</b> Full name <u>Walter James Payne</u> Usual residence <u>Ingersoll</u> Racial origin <u>English Ingersoll</u> Trade or Profession <u>Salesman</u> Kind of industry or business in which employed <u>Furniture</u>	
<b>MOTHER</b> Full maiden name <u>Mary Eleashia Delaney</u> Usual residence <u>Ingersoll</u> Racial origin <u>Irish Ontario</u> Number of children including this one <u>4</u> living <u>4</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		<b>MOTHER</b> Full maiden name <u>Matilda Margaret Taylor</u> Usual residence <u>Ingersoll</u> Racial origin <u>English England</u> Number of children including this one <u>2</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		<b>MOTHER</b> Full maiden name <u>Mary Marine Doyle</u> Usual residence <u>Ingersoll</u> Racial origin <u>English Ingersoll</u> Number of children including this one <u>3</u> living <u>0</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of Informant <u>John Baselahan</u>		Name of Informant <u>James C. Tringle</u>		Name of Informant <u>Walter J. Payne</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Gurney</u>		Name of Physician in attendance <u>Dr. Gurney</u>		Name of Physician in attendance <u>Dr. Gurney</u>	
Date of receipt of Physician's notice <u>July 29th 1925</u>		Date of receipt of Physician's notice <u>July 29th 1925</u>		Date of receipt of Physician's notice <u>July 1925</u>	
Date of receipt of parent's registration <u>July 1925</u>		Date of receipt of parent's registration <u>July 1925</u>		Date of receipt of parent's registration <u>July 1925</u>	

I hereby certify that the above are correct registrations of Births filed with me during the month of August 1925

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

Annie Ruth Jean Bagges, Berne Bagges, Myrtle Shapley, Betty Joyce Mills, Henry Mills, Frances Helen, Dora Jean McQueen, David Glasgow James George McQueen, Nellie Jeanetta Thom, Kathleen Elizabeth Hutchinson, George Hutchinson, Jessie Collins, Janet Nina Wallace, James Rupert Wallace, Anne Burton, Kathleen Daisy Stanley, Thomas Edward Stanley, Louise Newbold

County of Jefferson

Division of Hygiene

No. 1		No. 2		No. 3	
Street and Number of Con. and Lot (if in hospital, give name instead of street) <u>Central Street</u>		Street and Number of Con. and Lot (if in hospital, give name instead of street) <u>Central Street</u>		Street and Number of Con. and Lot (if in hospital, give name instead of street) <u>Central Street</u>	
Surname <u>Bagges</u>		Surname <u>McQueen</u>		Surname <u>Wallace</u>	
Given names in full <u>Annie Ruth Bagges</u>		Given names in full <u>Bern Jean</u>		Given names in full <u>Janet Nina</u>	
Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u>	
Date of Birth <u>July 22nd 1925</u>		Date of Birth <u>Aug 17th 1925</u>		Date of Birth <u>Aug 19th 1925</u>	
Place of Parents' Marriage <u>Jefferson</u>		Place of Parents' Marriage <u>Quantico, Ark</u>		Place of Parents' Marriage <u>Willesley, England</u>	
Date of Marriage <u>Aug 19th 1924</u>		Date of Marriage <u>March</u>		Date of Marriage <u>July 27th 1905</u>	
<b>FATHER</b> Full name <u>Bertha Bagges</u> Age last birthday <u>33</u>		<b>FATHER</b> Full name <u>David Glasgow James McQueen</u> Age last birthday <u>29</u>		<b>FATHER</b> Full name <u>James Rupert Wallace</u> Age last birthday <u>30</u>	
Usual residence <u>Winnipeg</u>		Usual residence <u>Jefferson</u>		Usual residence <u>Jefferson</u>	
Racial origin <u>Scottish Ontario</u>		Racial origin <u>Irish Ontario</u>		Racial origin <u>English England</u>	
<b>OCCUPATION</b> Trade or Profession <u> Clerk</u>		<b>OCCUPATION</b> Trade or Profession <u> Laborer</u>		<b>OCCUPATION</b> Trade or Profession <u> Parish Wagon</u>	
Kind of industry or business in which employed <u> Telegraph</u>		Kind of industry or business in which employed <u> Steam Laundry</u>		Kind of industry or business in which employed <u> -</u>	
<b>MOTHER</b> Full maiden name <u>Myrtle Shapley</u> Age last birthday <u>27</u>		<b>MOTHER</b> Full maiden name <u>Kathleen Elizabeth Thom</u> Age last birthday <u>29</u>		<b>MOTHER</b> Full maiden name <u>Annie Burton</u> Age last birthday <u>42</u>	
Usual residence <u>Winnipeg</u>		Usual residence <u>Jefferson</u>		Usual residence <u>Jefferson</u>	
Racial origin <u>English Ontario</u>		Racial origin <u>Scottish Ontario</u>		Racial origin <u>English England</u>	
Number of children including this one living <u>1</u> dead <u>0</u> Still born <u>0</u>		Number of children including this one living <u>3</u> dead <u>1</u> Still born <u>0</u>		Number of children including this one living <u>1</u> dead <u>2</u> Still born <u>1</u>	
Occupation, if other than household duties <u> -</u>		Occupation, if other than household duties <u> -</u>		Occupation, if other than household duties <u> -</u>	
Name of informant <u>Bertha Bagges</u>		Name of informant <u>D. McQueen</u>		Name of informant <u>Janet Bringle</u>	
Address <u>Winnipeg</u>		Address <u>Jefferson</u>		Address <u>Jefferson</u>	
Name of Physician in attendance <u>Dr. Furlong</u>		Name of Physician in attendance <u>Dr. Carleton</u>		Name of Physician in attendance <u>Dr. McDonald</u>	
Date of receipt of Physician's notice <u>July 22nd 1925</u>		Date of receipt of Physician's notice <u>Aug 17th 1925</u>		Date of receipt of Physician's notice <u>Aug 19th 1925</u>	
Date of receipt of parent's registration <u>Aug 17th 1925</u>		Date of receipt of parent's registration <u>Aug 24th 1925</u>		Date of receipt of parent's registration <u>Aug 19th 1925</u>	
No. 4		No. 5		No. 6	
Street and Number of Con. and Lot (if in hospital, give name instead of street) <u>Central Street</u>		Street and Number of Con. and Lot (if in hospital, give name instead of street) <u>Central Street</u>		Street and Number of Con. and Lot (if in hospital, give name instead of street) <u>Central Street</u>	
Surname <u>Mills</u>		Surname <u>Hutchinson</u>		Surname <u>Stanley</u>	
Given names in full <u>Betty Joyce</u>		Given names in full <u>Kathleen Elizabeth</u>		Given names in full <u>Kathleen Daisy</u>	
Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u>	
Date of Birth <u>Aug 2nd 1925</u>		Date of Birth <u>Aug 28th 1925</u>		Date of Birth <u>Aug 25th 1925</u>	
Place of Parents' Marriage <u>St. Catharines</u>		Place of Parents' Marriage <u>Canada</u>		Place of Parents' Marriage <u>Birmingham</u>	
Date of Marriage <u>May 30th 1917</u>		Date of Marriage <u>Nov 11th 1914</u>		Date of Marriage <u>Sept 2nd 1907</u>	
<b>FATHER</b> Full name <u>William Henry Mills</u> Age last birthday <u>30</u>		<b>FATHER</b> Full name <u>George D. Hutchinson</u> Age last birthday <u>34</u>		<b>FATHER</b> Full name <u>Thomas Edward Stanley</u> Age last birthday <u>42</u>	
Usual residence <u>Jefferson</u>		Usual residence <u>Jefferson</u>		Usual residence <u>Jefferson</u>	
Racial origin <u>Irish Ontario</u>		Racial origin <u>Scottish Ontario</u>		Racial origin <u>English England</u>	
<b>OCCUPATION</b> Trade or Profession <u> Barber</u>		<b>OCCUPATION</b> Trade or Profession <u> Farmer</u>		<b>OCCUPATION</b> Trade or Profession <u> Mechanic</u>	
Kind of industry or business in which employed <u> -</u>		Kind of industry or business in which employed <u> -</u>		Kind of industry or business in which employed <u> Motor</u>	
<b>MOTHER</b> Full maiden name <u>Frances Helen</u> Age last birthday <u>29</u>		<b>MOTHER</b> Full maiden name <u>Jessie Collins</u> Age last birthday <u>35</u>		<b>MOTHER</b> Full maiden name <u>Louise Newbold</u> Age last birthday <u>41</u>	
Usual residence <u>Jefferson</u>		Usual residence <u>Jefferson</u>		Usual residence <u>Jefferson</u>	
Racial origin <u>Scottish Ontario</u>		Racial origin <u>Scottish Ontario</u>		Racial origin <u>English England</u>	
Number of children including this one living <u>2</u> dead <u>0</u> Still born <u>0</u>		Number of children including this one living <u>4</u> dead <u>0</u> Still born <u>1</u>		Number of children including this one living <u>2</u> dead <u>2</u> Still born <u>0</u>	
Occupation, if other than household duties <u> -</u>		Occupation, if other than household duties <u> -</u>		Occupation, if other than household duties <u> -</u>	
Name of informant <u>Henry Mills</u>		Name of informant <u>G. D. Hutchinson</u>		Name of informant <u>Thomas E. Stanley</u>	
Address <u>Jefferson</u>		Address <u>Jefferson</u>		Address <u>Jefferson</u>	
Name of Physician in attendance <u>Dr. Carleton</u>		Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Furlong</u>	
Date of receipt of Physician's notice <u>Aug 2nd 1925</u>		Date of receipt of Physician's notice <u>Aug 28th 1925</u>		Date of receipt of Physician's notice <u>Aug 25th 1925</u>	
Date of receipt of parent's registration <u>Aug 2nd 1925</u>		Date of receipt of parent's registration <u>Aug 28th 1925</u>		Date of receipt of parent's registration <u>Aug 25th 1925</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of Aug 1925



# BIRTHS

County of Jefferson

Division of Ingersoll

THIS SPACE TO BE RESERVED FOR BINDING

No. 4	No. 5	No. 6
<p>Street and Number of Con. and Lot <u>Marshall Street</u> <small>(If in hospital, give name instead of street)</small></p> <p>Surname <u>Diakale</u></p> <p>Given names in full <u>Bertha Marie</u></p> <p>Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>Aug 31st 1925</u></p> <p>Place of Parents' Marriage <u>England</u></p> <p>Date of Marriage <u>Sept 10th 1924</u></p> <p>FATHER: Full name <u>John James Diakale</u> Age last birthday <u>43</u> Usual residence <u>West Jefferson</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>Farming</u></p> <p>MOTHER: Full maiden name <u>Ann Highland Kenney</u> Age last birthday <u>29</u> Usual residence <u>West Jefferson</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one: living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>James B. Bringle</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>D. McDonald</u> Date of receipt of Physician's notice <u>Sept 3/25</u> Date of receipt of parent's registration <u>Sept 9/25</u></p>	<p>Street and Number of Con. and Lot <u>Marshall Street</u> <small>(If in hospital, give name instead of street)</small></p> <p>Surname <u>Rauland</u></p> <p>Given names in full <u>Shae Steinger</u></p> <p>Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>Aug 21st 1925</u></p> <p>Place of Parents' Marriage <u>England</u></p> <p>Date of Marriage <u>Oct 23rd 1923</u></p> <p>FATHER: Full name <u>Robert Joseph Rauland</u> Age last birthday <u>29</u> Usual residence <u>Ingersoll</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>Machinist</u></p> <p>MOTHER: Full maiden name <u>Annie Meltray</u> Age last birthday <u>29</u> Usual residence <u>Ingersoll</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one: living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>W. J. Rauland</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>D. McDonald</u> Date of receipt of Physician's notice <u>Sept 2/25</u> Date of receipt of parent's registration <u>Sept 9/25</u></p>	<p>Street and Number of Con. and Lot <u>Marshall Street</u> <small>(If in hospital, give name instead of street)</small></p> <p>Surname <u>Wheaton</u></p> <p>Given names in full <u>Frederick Barton</u></p> <p>Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>No</u></p> <p>Date of Birth <u>Sept 14th 1925</u></p> <p>Place of Parents' Marriage <u>Ingersoll</u></p> <p>Date of Marriage <u>May 15th 1924</u></p> <p>FATHER: Full name <u>Ed Wheaton</u> Age last birthday <u>27</u> Usual residence <u>Ingersoll</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Machinist</u> Kind of industry or business in which employed <u>Machinist</u></p> <p>MOTHER: Full maiden name <u>Mary McSimis</u> Age last birthday <u>21</u> Usual residence <u>Ingersoll</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one: living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>Ed Wheaton</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>D. Cornish</u> Date of receipt of Physician's notice <u>Sept 14/25</u> Date of receipt of parent's registration <u>Sept 14/25</u></p>
<p>Street and Number of Con. and Lot <u>Marshall Street</u> <small>(If in hospital, give name instead of street)</small></p> <p>Surname <u>Crocker</u></p> <p>Given names in full <u>Bella Jean Elizabeth</u></p> <p>Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>Sept 3rd 1925</u></p> <p>Place of Parents' Marriage <u>Aylmer</u></p> <p>Date of Marriage <u>Nov 29th 1922</u></p> <p>FATHER: Full name <u>Wm Albert Crocker</u> Age last birthday <u>36</u> Usual residence <u>West Jefferson</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>-</u> Kind of industry or business in which employed <u>Shoe factory</u></p> <p>MOTHER: Full maiden name <u>Elizabeth Stolley</u> Age last birthday <u>30</u> Usual residence <u>West Jefferson</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one: living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>Mrs A. Crocker</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>D. Cornish</u> Date of receipt of Physician's notice <u>Sept 3/25</u> Date of receipt of parent's registration <u>Sept 15/25</u></p>	<p>Street and Number of Con. and Lot <u>Marshall Street</u> <small>(If in hospital, give name instead of street)</small></p> <p>Surname <u>Stacey</u></p> <p>Given names in full <u>John Frank</u></p> <p>Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>Sept 14th 1925</u></p> <p>Place of Parents' Marriage <u>-</u></p> <p>Date of Marriage <u>-</u></p> <p>FATHER: Full name <u>Frank Stacey</u> Age last birthday <u>23</u> Usual residence <u>Ingersoll</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>laborer</u> Kind of industry or business in which employed <u>Shoe factory</u></p> <p>MOTHER: Full maiden name <u>Elizabeth Snipes</u> Age last birthday <u>41</u> Usual residence <u>Ingersoll</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one: living <u>4</u> dead <u>1</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>Frank Stacey</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>D. Rain</u> Date of receipt of Physician's notice <u>Sept 14/25</u> Date of receipt of parent's registration <u>Sept 17/25</u></p>	<p>Street and Number of Con. and Lot <u>Marshall Street</u> <small>(If in hospital, give name instead of street)</small></p> <p>Surname <u>Hipperson</u></p> <p>Given names in full <u>Billy</u></p> <p>Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>Sept 21st 1925</u></p> <p>Place of Parents' Marriage <u>England</u></p> <p>Date of Marriage <u>Mar 28th 1906</u></p> <p>FATHER: Full name <u>William Hipperson</u> Age last birthday <u>45</u> Usual residence <u>Ingersoll</u> Racial origin <u>English</u> Birth-place <u>England</u> Trade or Profession <u>Seaman</u> Kind of industry or business in which employed <u>-</u></p> <p>MOTHER: Full maiden name <u>Violet Brown</u> Age last birthday <u>29</u> Usual residence <u>Ingersoll</u> Racial origin <u>English</u> Birth-place <u>England</u> Number of children including this one: living <u>1</u> dead <u>3</u> Still-born <u>1</u> Occupation, if other than household duties <u>-</u></p> <p>Name of Informant <u>Wm Hipperson</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>D. Cornish</u> Date of receipt of Physician's notice <u>Sept 21/25</u> Date of receipt of parent's registration <u>Sept 21/25</u></p>

I hereby certify that the above are correct registrations of Births filed with me during the month of September 1925







# BIRTHS

David Gordon Casper, Gordon Ashford Galt, Gladys Nell Galt, Dorothy Jean Moon, Howard Douglas Moore, Charles Kertze Dykeman, Charles Kertze Dykeman, Charles Kertze Dykeman, Sarah May Bowman, Marshall Smith, James Henry Smith, Lucy Cox, Robert Douglas Manning, Lloyd Manning, Ellen Olga Hunter, Margaret Anna Sitzer, Stanley Sitzer, Lily Newhouse Newhouse

County of Algonquin

Division of Algonquin

No. <u>4</u>	No. <u>5</u>	No. <u>6</u>
Street and Number of Con. and Lot (If in hospital, give name instead of street)	Street and Number of Con. and Lot (If in hospital, give name instead of street)	Street and Number of Con. and Lot (If in hospital, give name instead of street)
Surname <u>Daniels</u>	Surname <u>Dykeman</u>	Surname <u>Manning</u>
Given names in full <u>David Gordon</u>	Given names in full <u>Charles Bowman</u>	Given names in full <u>Robert Douglas</u>
Sex (M. or F.) <u>M</u>   Twin or Triplet   Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>M</u>   Twin or Triplet   Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>M</u>   Twin or Triplet   Was child born alive? <u>Yes</u>
Date of Birth <u>Sept 22nd 1925</u>	Date of Birth <u>Sept 30th 1925</u>	Date of Birth <u>Oct 5th 1925</u>
Place of Parents' Marriage <u>Engersace</u>	Place of Parents' Marriage <u>Engersace</u>	Place of Parents' Marriage <u>St Thomas</u>
Date of Marriage <u>Sept 30 1924</u>	Date of Marriage <u>Nov 10 1924</u>	Date of Marriage <u>Oct 19 1925</u>
FATHER: Full maiden name <u>Elizabeth Daniels</u>   Age last birthday <u>25</u>	FATHER: Full maiden name <u>Charles Fudge Dykeman</u>   Age last birthday <u>23</u>	FATHER: Full maiden name <u>Robert Lloyd Manning</u>   Age last birthday <u>31</u>
FATHER: Usual residence <u>Engersace</u>	FATHER: Usual residence <u>Engersace</u>	FATHER: Usual residence <u>Engersace</u>
FATHER: Racial origin <u>English</u>   Birth-place <u>Engersace</u>	FATHER: Racial origin <u>Dutch</u>   Birth-place <u>Ontario</u>	FATHER: Racial origin <u>English</u>   Birth-place <u>Ontario</u>
FATHER: Trade or Profession <u>Clerk</u>	FATHER: Trade or Profession <u>Coal Miner</u>	FATHER: Trade or Profession <u>Teacher</u>
FATHER: Kind of industry or business in which employed <u>Hardware</u>	FATHER: Kind of industry or business in which employed <u>Machine Co</u>	FATHER: Kind of industry or business in which employed <u>Teaching</u>
MOTHER: Full maiden name <u>Esther Elizabeth Smith</u>   Age last birthday <u>21</u>	MOTHER: Full maiden name <u>Mary Bowman</u>   Age last birthday <u>24</u>	MOTHER: Full maiden name <u>William Olga Hunter</u>   Age last birthday <u>29</u>
MOTHER: Usual residence <u>Engersace</u>	MOTHER: Usual residence <u>Engersace</u>	MOTHER: Usual residence <u>Engersace</u>
MOTHER: Racial origin <u>Scottish</u>   Birth-place <u>Ontario</u>	MOTHER: Racial origin <u>English</u>   Birth-place <u>England</u>	MOTHER: Racial origin <u>Scottish</u>   Birth-place <u>W. I. A.</u>
MOTHER: Number of children including this one: living <u>1</u> , dead <u>0</u> , still-born <u>0</u>	MOTHER: Number of children including this one: living <u>1</u> , dead <u>0</u> , still-born <u>0</u>	MOTHER: Number of children including this one: living <u>2</u> , dead <u>1</u> , still-born <u>0</u>
MOTHER: Occupation, if other than household duties	MOTHER: Occupation, if other than household duties	MOTHER: Occupation, if other than household duties
Name of Informant <u>W. G. S. S. S.</u>	Name of Informant <u>David E. Russell</u>	Name of Informant <u>R. H. Manning</u>
Address <u>Engersace</u>	Address <u>Engersace</u>	Address <u>Engersace</u>
Name of Physician in attendance <u>Dr. Larnish</u>	Name of Physician in attendance <u>Dr. Larnish</u>	Name of Physician in attendance <u>Dr. Larnish</u>
Date of receipt of Physician's notice <u>Sept 22 1925</u>   Date of receipt of parent's registration <u>Sept 29 1925</u>	Date of receipt of Physician's notice <u>Sept 25 1925</u>   Date of receipt of parent's registration <u>Oct 5 1925</u>	Date of receipt of Physician's notice <u>Oct 5 1925</u>   Date of receipt of parent's registration <u>Oct 5 1925</u>
No. <u>7</u>	No. <u>8</u>	No. <u>9</u>
Street and Number of Con. and Lot (If in hospital, give name instead of street)	Street and Number of Con. and Lot (If in hospital, give name instead of street)	Street and Number of Con. and Lot (If in hospital, give name instead of street)
Surname <u>Mean</u>	Surname <u>Smith</u>	Surname <u>Sitzer</u>
Given names in full <u>Dorothy Jean</u>	Given names in full <u>Lloyd Marshall</u>	Given names in full <u>Margaret Anna</u>
Sex (M. or F.) <u>F</u>   Twin or Triplet   Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>M</u>   Twin or Triplet   Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>F</u>   Twin or Triplet   Was child born alive? <u>Yes</u>
Date of Birth <u>Sept 14th 1925</u>	Date of Birth <u>Sept 12th 1925</u>	Date of Birth <u>Oct 5th 1925</u>
Place of Parents' Marriage <u>Barford</u>	Place of Parents' Marriage <u>-</u>	Place of Parents' Marriage <u>London</u>
Date of Marriage <u>Dec 31st 1924</u>	Date of Marriage <u>-</u>	Date of Marriage <u>Dec 5th 1922</u>
FATHER: Full maiden name <u>Elizabeth Mean</u>   Age last birthday <u>24</u>	FATHER: Full maiden name <u>Henry Smith</u>   Age last birthday <u>41</u>	FATHER: Full maiden name <u>Emily Richard Sitzer</u>   Age last birthday <u>39</u>
FATHER: Usual residence <u>Engersace</u>	FATHER: Usual residence <u>Engersace</u>	FATHER: Usual residence <u>Barford RR 1</u>
FATHER: Racial origin <u>English</u>   Birth-place <u>Engersace</u>	FATHER: Racial origin <u>English</u>   Birth-place <u>Ontario</u>	FATHER: Racial origin <u>Canadian</u>   Birth-place <u>Ontario</u>
FATHER: Trade or Profession <u>Machinist</u>	FATHER: Trade or Profession <u>Seamster</u>	FATHER: Trade or Profession <u>Farmer</u>
FATHER: Kind of industry or business in which employed <u>Contracting</u>	FATHER: Kind of industry or business in which employed <u>-</u>	FATHER: Kind of industry or business in which employed <u>-</u>
MOTHER: Full maiden name <u>Lady Jean Mean</u>   Age last birthday <u>16</u>	MOTHER: Full maiden name <u>Lucy Cox</u>   Age last birthday <u>32</u>	MOTHER: Full maiden name <u>Lily Newhouse</u>   Age last birthday <u>41</u>
MOTHER: Usual residence <u>Engersace</u>	MOTHER: Usual residence <u>Engersace</u>	MOTHER: Usual residence <u>Barford RR 1</u>
MOTHER: Racial origin <u>English</u>   Birth-place <u>Ontario</u>	MOTHER: Racial origin <u>English</u>   Birth-place <u>England</u>	MOTHER: Racial origin <u>English</u>   Birth-place <u>England</u>
MOTHER: Number of children including this one: living <u>1</u> , dead <u>0</u> , still-born <u>0</u>	MOTHER: Number of children including this one: living <u>1</u> , dead <u>2</u> , still-born <u>0</u>	MOTHER: Number of children including this one: living <u>1</u> , dead <u>0</u> , still-born <u>0</u>
MOTHER: Occupation, if other than household duties	MOTHER: Occupation, if other than household duties	MOTHER: Occupation, if other than household duties
Name of Informant <u>David Douglas Mean</u>	Name of Informant <u>J. S. Smith</u>	Name of Informant <u>Mrs. Lily Sitzer</u>
Address <u>Engersace</u>	Address <u>Engersace</u>	Address <u>Barford RR 1</u>
Name of Physician in attendance <u>Dr. Larnish</u>	Name of Physician in attendance <u>Dr. Larnish</u>	Name of Physician in attendance <u>Dr. Larnish</u>
Date of receipt of Physician's notice <u>Sept 14 1925</u>   Date of receipt of parent's registration <u>Sept 22 1925</u>	Date of receipt of Physician's notice <u>Sept 12 1925</u>   Date of receipt of parent's registration <u>Sept 12 1925</u>	Date of receipt of Physician's notice <u>Oct 5 1925</u>   Date of receipt of parent's registration <u>Oct 5 1925</u>

I hereby certify that the above are correct registrations of Births filed with me during the month of October 1925

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

HINE, HENRY ARTHUR 1922, FRANK ANTHONY HENRY, FREDRICK EDWARD SHANNON, GEORGE STEINHOFF, STELLA MAE WHITCOFF, WILLIAM JOHN MCDONALD, BELLA HELEN MORRISON, ROBERT EARL MCNIVEN, ROBERT MCNIVEN, WINNIFRED PITCHER, HUGH JOHN GORDON, JAMES ROBERT GORDON, EDNA MARY KERR.

County of Offord Division of Singeress

No. 10		No. 11		No. 12	
Street and Number or Con. and No. <u>St. Andrew's Hospital</u> (If in hospital, give name instead of street)		Street and Number or Con. and No. <u>My Street</u> (If in hospital, give name instead of street)		Street and Number or Con. and No. <u>Charles Street</u> (If in hospital, give name instead of street)	
Surname <u>Wallace</u>		Surname <u>Steinhoff</u>		Surname <u>McNiven</u>	
Given names in full <u>John George</u> Sex (M. or F.) <u>M</u> <span style="margin-left: 20px;">Twin- or Triplet</span> <u>No</u> <span style="margin-left: 20px;">Was child born alive?</span> <u>Yes</u>		Given names in full <u>Leoline Eugene</u> Sex (M. or F.) <u>M</u> <span style="margin-left: 20px;">Twin- or Triplet</span> <u>No</u> <span style="margin-left: 20px;">Was child born alive?</span> <u>Yes</u>		Given names in full <u>Robert Earl</u> Sex (M. or F.) <u>M</u> <span style="margin-left: 20px;">Twin- or Triplet</span> <u>No</u> <span style="margin-left: 20px;">Was child born alive?</span> <u>Yes</u>	
Date of Birth <u>Oct 10th 1925</u>		Date of Birth <u>Sept 17th 1925</u>		Date of Birth <u>Oct 15th 1925</u>	
Place of Parents' Marriage <u>Historical</u>		Place of Parents' Marriage <u>Springfield</u>		Place of Parents' Marriage <u>Taranto</u>	
Date of Marriage <u>Oct 17th 1922</u>		Date of Marriage <u>Mar 25th 1921</u>		Date of Marriage <u>Jan 26th 1923</u>	
Full name <u>Michael John Wallace</u> Usual residence <u>Singeress</u> <span style="margin-left: 20px;">Age last birthday</span> <u>31</u> Racial origin <u>Scottish</u> <span style="margin-left: 20px;">Birth place</span> <u>Scotland</u>		Full name <u>Evelyn Steinhoff</u> Usual residence <u>Singeress</u> <span style="margin-left: 20px;">Age last birthday</span> <u>26</u> Racial origin <u>German</u> <span style="margin-left: 20px;">Birth place</span> <u>Austria</u>		Full name <u>Robert McNiven</u> Usual residence <u>Singeress</u> <span style="margin-left: 20px;">Age last birthday</span> <u>32</u> Racial origin <u>Scottish</u> <span style="margin-left: 20px;">Birth place</span> <u>Scotland</u>	
Trade or Profession <u>Agent</u> Kind of industry or business in which employed <u>Insurance</u>		Trade or Profession <u>Labourer</u> Kind of industry or business in which employed <u>-</u>		Trade or Profession <u>Agent</u> Kind of industry or business in which employed <u>Insurance</u>	
Full maiden name <u>Leoline Edith Cullen</u> Usual residence <u>Singeress</u> <span style="margin-left: 20px;">Age last birthday</span> <u>31</u> Racial origin <u>Scottish</u> <span style="margin-left: 20px;">Birth place</span> <u>Scotland</u>		Full maiden name <u>Leila Mae Whiteraff</u> Usual residence <u>Singeress</u> <span style="margin-left: 20px;">Age last birthday</span> <u>23</u> Racial origin <u>Irish</u> <span style="margin-left: 20px;">Birth place</span> <u>Scotland</u>		Full maiden name <u>Winifred Catherine</u> Usual residence <u>Singeress</u> <span style="margin-left: 20px;">Age last birthday</span> <u>24</u> Racial origin <u>English</u> <span style="margin-left: 20px;">Birth place</span> <u>Scotland</u>	
Number of children including this one <span style="margin-left: 20px;">living</span> <u>1</u> <span style="margin-left: 20px;">dead</span> <u>0</u> <span style="margin-left: 20px;">Still-born</span> <u>0</u>		Number of children including this one <span style="margin-left: 20px;">living</span> <u>3</u> <span style="margin-left: 20px;">dead</span> <u>0</u> <span style="margin-left: 20px;">Still-born</span> <u>0</u>		Number of children including this one <span style="margin-left: 20px;">living</span> <u>1</u> <span style="margin-left: 20px;">dead</span> <u>0</u> <span style="margin-left: 20px;">Still-born</span> <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Ada C. Dudgeon</u>		Name of Informant <u>Mrs C. Steinhoff</u>		Name of Informant <u>Robert McNiven</u>	
Address <u>Singeress</u>		Address <u>Singeress</u>		Address <u>Singeress</u>	
Name of Physician in attendance <u>Dr. Carruth</u>		Name of Physician in attendance <u>Dr. Carruth</u>		Name of Physician in attendance <u>Dr. Carruth</u>	
Date of receipt of Physician's notice <u>Oct 1925</u>		Date of receipt of Physician's notice <u>Sept 17/25</u>		Date of receipt of Physician's notice <u>Oct 15/25</u>	
Date of receipt of parents' registration <u>Oct 1925</u>		Date of receipt of parents' registration <u>Oct 1925</u>		Date of receipt of parents' registration <u>Oct 1925</u>	
No. 13		No. 14		No. 15	
Street and Number or Con. and No. <u>St. Andrew's Hospital</u> (If in hospital, give name instead of street)		Street and Number or Con. and No. <u>Victoria Street</u> (If in hospital, give name instead of street)		Street and Number or Con. and No. <u>St. Andrew's Hospital</u> (If in hospital, give name instead of street)	
Surname <u>Little</u>		Surname <u>McFarland</u>		Surname <u>Barlow</u>	
Given names in full <u>Mary Gertrude</u> Sex (M. or F.) <u>F</u> <span style="margin-left: 20px;">Twin- or Triplet</span> <u>No</u> <span style="margin-left: 20px;">Was child born alive?</span> <u>Yes</u>		Given names in full <u>William John</u> Sex (M. or F.) <u>M</u> <span style="margin-left: 20px;">Twin- or Triplet</span> <u>No</u> <span style="margin-left: 20px;">Was child born alive?</span> <u>Yes</u>		Given names in full <u>Hugh John</u> Sex (M. or F.) <u>M</u> <span style="margin-left: 20px;">Twin- or Triplet</span> <u>No</u> <span style="margin-left: 20px;">Was child born alive?</span> <u>Yes</u>	
Date of Birth <u>Oct 6th 1925</u>		Date of Birth <u>Oct 2nd 1925</u>		Date of Birth <u>Oct 11th 1925</u>	
Place of Parents' Marriage <u>Salford</u>		Place of Parents' Marriage <u>Singeress</u>		Place of Parents' Marriage <u>Singeress</u>	
Date of Marriage <u>Sept 27th 1906</u>		Date of Marriage <u>Dec 22nd 1920</u>		Date of Marriage <u>July 19th 1913</u>	
Full name <u>Mary Alfred Little</u> Usual residence <u>Salford</u> <span style="margin-left: 20px;">Age last birthday</span> <u>41</u> Racial origin <u>English</u> <span style="margin-left: 20px;">Birth place</span> <u>Scotland</u>		Full name <u>William McFarland</u> Usual residence <u>Singeress</u> <span style="margin-left: 20px;">Age last birthday</span> <u>34</u> Racial origin <u>Irish</u> <span style="margin-left: 20px;">Birth place</span> <u>Scotland</u>		Full name <u>John Robert Barlow</u> Usual residence <u>St. Andrew's Hospital</u> <span style="margin-left: 20px;">Age last birthday</span> <u>39</u> Racial origin <u>Scottish</u> <span style="margin-left: 20px;">Birth place</span> <u>Scotland</u>	
Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>Farming</u>		Trade or Profession <u>Labourer</u> Kind of industry or business in which employed <u>By Employee</u>		Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>Farming</u>	
Full maiden name <u>Leoline Edith Cullen</u> Usual residence <u>Salford</u> <span style="margin-left: 20px;">Age last birthday</span> <u>41</u> Racial origin <u>Irish</u> <span style="margin-left: 20px;">Birth place</span> <u>Scotland</u>		Full maiden name <u>Leoline Edith Cullen</u> Usual residence <u>Singeress</u> <span style="margin-left: 20px;">Age last birthday</span> <u>30</u> Racial origin <u>Scottish</u> <span style="margin-left: 20px;">Birth place</span> <u>Scotland</u>		Full maiden name <u>Edna Mary Kerr</u> Usual residence <u>St. Andrew's Hospital</u> <span style="margin-left: 20px;">Age last birthday</span> <u>34</u> Racial origin <u>Scottish</u> <span style="margin-left: 20px;">Birth place</span> <u>Scotland</u>	
Number of children including this one <span style="margin-left: 20px;">living</span> <u>6</u> <span style="margin-left: 20px;">dead</span> <u>0</u> <span style="margin-left: 20px;">Still-born</span> <u>0</u>		Number of children including this one <span style="margin-left: 20px;">living</span> <u>3</u> <span style="margin-left: 20px;">dead</span> <u>0</u> <span style="margin-left: 20px;">Still-born</span> <u>0</u>		Number of children including this one <span style="margin-left: 20px;">living</span> <u>3</u> <span style="margin-left: 20px;">dead</span> <u>0</u> <span style="margin-left: 20px;">Still-born</span> <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of Informant <u>Ada C. Dudgeon</u>		Name of Informant <u>Margaret Dutton</u>		Name of Informant <u>Leoline Edith Cullen</u>	
Address <u>Singeress</u>		Address <u>Singeress</u>		Address <u>Singeress</u>	
Name of Physician in attendance <u>Dr. Carruth</u>		Name of Physician in attendance <u>Dr. Carruth</u>		Name of Physician in attendance <u>Dr. Carruth</u>	
Date of receipt of Physician's notice <u>Oct 1925</u>		Date of receipt of Physician's notice <u>Oct 2/25</u>		Date of receipt of Physician's notice <u>Oct 11/25</u>	
Date of receipt of parents' registration <u>Oct 1925</u>		Date of receipt of parents' registration <u>Oct 1925</u>		Date of receipt of parents' registration <u>Oct 1925</u>	

THIS SPACE TO BE RESERVED FOR BINDING.

I hereby certify that the above are correct registrations of Births filed with me during the month of October 1925.



# BIRTHS

Blake Earl, William Samuel Earl, Georgina German, Orvel Haycock, Benjamin Firth Morton, Catherine Cutbert, Hazel Marjorie McKee, John McKee, Myrtle Annie Chew, Pauline Gertrude Hicks, Russell Hicks, Florence Adelaide Furney, Shirley Theresa Vallee, James Francis Leo Vallee, Zeida Viola Drolet.

County of Alameda

Division of San Francisco

THIS SPACE TO BE RESERVED FOR BINDING

No. 1		No. 2		No. 3	
Street and Number of Cor. and Lot (If in hospital, give name instead of street)		Street and Number of Cor. and Lot (If in hospital, give name instead of street)		Street and Number of Cor. and Lot (If in hospital, give name instead of street)	
Surname <u>Kessack</u>		Surname <u>Morton</u>		Surname <u>Heicks</u>	
Given names in full <u>Janet Rose</u>		Given names in full <u>Annell Kaygan</u>		Given names in full <u>Caroline Gertrude</u>	
Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>	
Date of Birth <u>Oct 11th 1925</u>		Date of Birth <u>Oct 15th 1925</u>		Date of Birth <u>Oct 30th 1925</u>	
Place of Parents' Marriage <u>Emilia</u>		Place of Parents' Marriage <u>Woodstock</u>		Place of Parents' Marriage <u>West Alameda</u>	
Date of Marriage <u>Sept 19th 1923</u>		Date of Marriage <u>June 13th 1914</u>		Date of Marriage <u>July 2nd 1924</u>	
FATHER	Full name <u>James Donald Kessack</u>	FATHER	Full name <u>Benjamin John Morton</u>	FATHER	Full name <u>Russell Heicks</u>
	Usual residence <u>Emilia</u>		Usual residence <u>Sugarcreek</u>		Usual residence <u>Derham Centre</u>
	Racial origin <u>Scottish Ontario</u>		Racial origin <u>English Ireland</u>		Racial origin <u>English Ontario</u>
MOTHER	Trade or Profession <u>Farmer</u>	MOTHER	Trade or Profession <u>Agent</u>	MOTHER	Trade or Profession <u>Teacher</u>
	Kind of industry or business in which employed <u>Farming</u>		Kind of industry or business in which employed <u>Insurance</u>		Kind of industry or business in which employed <u>-</u>
	Full maiden name <u>Josephine Rose</u>		Full maiden name <u>Christine J. Cutbert</u>		Full maiden name <u>Florence Adelaide Dwyer</u>
Usual residence <u>Emilia</u>	Usual residence <u>Sugarcreek</u>	Usual residence <u>Derham Centre</u>			
Racial origin <u>Scottish Ontario</u>	Racial origin <u>Scottish Ireland</u>	Racial origin <u>English Ontario</u>			
Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u>	Number of children including this one <u>3</u> living <u>3</u> dead <u>2</u> Still-born <u>0</u>	Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u>			
Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>			
Name of Informant <u>James Donald Kessack</u>		Name of Informant <u>Benjamin J. Morton</u>		Name of Informant <u>J. C. Bringle</u>	
Address <u>Homesford Rd. 163</u>		Address <u>Sugarcreek</u>		Address <u>Sugarcreek</u>	
Name of Physician in attendance <u>Dr. Rogers</u>		Name of Physician in attendance <u>Dr. Carrish</u>		Name of Physician in attendance <u>Dr. Carrish</u>	
Date of receipt of Physician's notice <u>Oct 11/25</u>		Date of receipt of Physician's notice <u>Oct 11/25</u>		Date of receipt of Physician's notice <u>Oct 30/25</u>	
Date of receipt of parent's registration <u>Oct 11/25</u>		Date of receipt of parent's registration <u>Oct 11/25</u>		Date of receipt of parent's registration <u>Oct 11/25</u>	
No. 4		No. 5		No. 6	
Street and Number of Cor. and Lot (If in hospital, give name instead of street)		Street and Number of Cor. and Lot (If in hospital, give name instead of street)		Street and Number of Cor. and Lot (If in hospital, give name instead of street)	
Surname <u>Earl</u>		Surname <u>McKee</u>		Surname <u>Vallee</u>	
Given names in full <u>Emerson Blake</u>		Given names in full <u>Hazel Marjorie</u>		Given names in full <u>Shirley Theresa</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>	
Date of Birth <u>Nov 4th 1925</u>		Date of Birth <u>Oct 25th 1925</u>		Date of Birth <u>Oct 13th 1925</u>	
Place of Parents' Marriage <u>Beachville</u>		Place of Parents' Marriage <u>Woodstock</u>		Place of Parents' Marriage <u>East Collierville</u>	
Date of Marriage <u>Dec 24th 1924</u>		Date of Marriage <u>Apr 10th 1915</u>		Date of Marriage <u>Aug 11th 1923</u>	
FATHER	Full name <u>William Samuel Earl</u>	FATHER	Full name <u>William John McKee</u>	FATHER	Full name <u>James Leo Vallee</u>
	Usual residence <u>Beachville</u>		Usual residence <u>Sugarcreek</u>		Usual residence <u>Sugarcreek</u>
	Racial origin <u>Irish Ireland</u>		Racial origin <u>English Ontario</u>		Racial origin <u>French Ontario</u>
MOTHER	Trade or Profession <u>Farmer</u>	MOTHER	Trade or Profession <u>Italian</u>	MOTHER	Trade or Profession <u>Salesman</u>
	Kind of industry or business in which employed <u>Farming</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>Food</u>
	Full maiden name <u>Georgina German</u>		Full maiden name <u>Myrtle Annie Chew</u>		Full maiden name <u>Zeida Viola Drolet</u>
Usual residence <u>Beachville</u>	Usual residence <u>Sugarcreek</u>	Usual residence <u>Sugarcreek</u>			
Racial origin <u>Scottish Ontario</u>	Racial origin <u>English</u>	Racial origin <u>French Ontario</u>			
Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u>	Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u>	Number of children including this one <u>2</u> living <u>1</u> dead <u>0</u> Still-born <u>1</u>			
Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>	Occupation, if other than household duties <u>-</u>			
Name of Informant <u>James C. Bringle</u>		Name of Informant <u>Wm. J. McKee</u>		Name of Informant <u>J. L. Vallee</u>	
Address <u>Sugarcreek</u>		Address <u>Sugarcreek</u>		Address <u>Sugarcreek</u>	
Name of Physician in attendance <u>Dr. Carrish</u>		Name of Physician in attendance <u>Dr. Carrish</u>		Name of Physician in attendance <u>Dr. Carrish</u>	
Date of receipt of Physician's notice <u>Nov 4/25</u>		Date of receipt of Physician's notice <u>Oct 25/25</u>		Date of receipt of Physician's notice <u>Oct 13/25</u>	
Date of receipt of parent's registration <u>Nov 4/25</u>		Date of receipt of parent's registration <u>Nov 4/25</u>		Date of receipt of parent's registration <u>Nov 4/25</u>	

I hereby certify that the above are correct registrations of Births filed with me during the month of October, 1925.



# BIRTHS

James thomas pit, william patt, wau goodenoug, margaret lenore and henry english, hazel glady knotwell, frank taylor, clara streeting, award ellis johns, andrew elberon johns, mary ethel almore, alexander stewart mcintosh, mcnerdale mcoringdale, walter keith woodside, john woodside, gertrude carver

County of Windsor Division of Windsor

No. 16		No. 17		No. 18	
Street and Number or Con. and Loc. (If in hospital, give name instead of street) <u>Windsor Street</u>		Street and Number or Con. and Loc. (If in hospital, give name instead of street) <u>Windsor Street</u>		Street and Number or Con. and Loc. (If in hospital, give name instead of street) <u>Windsor Street</u>	
Surname <u>Cott</u>		Surname <u>Taylor</u>		Surname <u>McIntosh</u>	
Given names in full <u>James Thomas</u>		Given names in full <u>Frank</u>		Given names in full <u>Alexander Stewart</u>	
Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u>	
Date of Birth <u>Oct 2nd 1925</u>		Date of Birth <u>Oct 12th 1925</u>		Date of Birth <u>Oct 1st 1925</u>	
Place of Parents' Marriage <u>England</u>		Place of Parents' Marriage <u>Calgary Alta</u>		Place of Parents' Marriage <u>Windsor</u>	
Date of Marriage <u>Dec 25th 1904</u>		Date of Marriage <u>Sept 2nd 1922</u>		Date of Marriage <u>Aug 25th 1923</u>	
<b>FATHER</b> Full name <u>William Cott</u> Age last birthday <u>37</u>		<b>FATHER</b> Full name <u>Julius Taylor</u> Age last birthday <u>33</u>		<b>FATHER</b> Full name <u>Alexander Stewart McIntosh</u> Age last birthday <u>39</u>	
Usual residence <u>Windsor</u>		Usual residence <u>Windsor</u>		Usual residence <u>Windsor</u>	
Racial origin <u>English Ontario</u>		Racial origin <u>English Ontario</u>		Racial origin <u>Scottish Ontario</u>	
Trade or Profession <u>Butcher</u>		Trade or Profession <u>Labourer</u>		Trade or Profession <u>Engineer</u>	
Kind of industry or business in which employed <u>—</u>		Kind of industry or business in which employed <u>—</u>		Kind of industry or business in which employed <u>—</u>	
<b>MOTHER</b> Full maiden name <u>Ada Badeneygh</u> Age last birthday <u>29</u>		<b>MOTHER</b> Full maiden name <u>Clara Streeting</u> Age last birthday <u>21</u>		<b>MOTHER</b> Full maiden name <u>Janet McIndale</u> Age last birthday <u>30</u>	
Usual residence <u>Windsor</u>		Usual residence <u>Windsor</u>		Usual residence <u>Windsor</u>	
Racial origin <u>English Ontario</u>		Racial origin <u>English Ontario</u>		Racial origin <u>Scottish Ontario</u>	
Number of children including this one living <u>5</u> dead <u>1</u> still born <u>0</u>		Number of children including this one living <u>2</u> dead <u>1</u> still born <u>0</u>		Number of children including this one living <u>5</u> dead <u>0</u> still born <u>1</u>	
Occupation, if other than household duties <u>—</u>		Occupation, if other than household duties <u>—</u>		Occupation, if other than household duties <u>—</u>	
Name of informant <u>William Cott</u>		Name of informant <u>W. K. English</u>		Name of informant <u>Alexander S. McIntosh</u>	
Address <u>Windsor</u>		Address <u>Windsor</u>		Address <u>Windsor</u>	
Name of Physician in attendance <u>Dr. Carleton</u>		Name of Physician in attendance <u>Dr. Carleton</u>		Name of Physician in attendance <u>Dr. Carleton</u>	
Date of receipt of Physician's notice <u>Oct 1st 1925</u>		Date of receipt of Physician's notice <u>Oct 1st 1925</u>		Date of receipt of Physician's notice <u>Oct 1st 1925</u>	
Date of receipt of parent's registration <u>Oct 2nd 1925</u>		Date of receipt of parent's registration <u>Oct 2nd 1925</u>		Date of receipt of parent's registration <u>Oct 2nd 1925</u>	
No. <u>19</u>		No. <u>20</u>		No. <u>21</u>	
Street and Number or Con. and Loc. (If in hospital, give name instead of street) <u>King Street</u>		Street and Number or Con. and Loc. (If in hospital, give name instead of street) <u>Windsor Street</u>		Street and Number or Con. and Loc. (If in hospital, give name instead of street) <u>Windsor Street</u>	
Surname <u>English</u>		Surname <u>Johns</u>		Surname <u>Woodside</u>	
Given names in full <u>Margaret Lenore</u>		Given names in full <u>Andrew Elberon</u>		Given names in full <u>Walter Keith</u>	
Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u>	
Date of Birth <u>Oct 5th 1925</u>		Date of Birth <u>Sept 30th 1925</u>		Date of Birth <u>Oct 1st 1925</u>	
Place of Parents' Marriage <u>Richmond</u>		Place of Parents' Marriage <u>St. George</u>		Place of Parents' Marriage <u>Ireland</u>	
Date of Marriage <u>June 11th 1914</u>		Date of Marriage <u>Oct 22nd 1919</u>		Date of Marriage <u>Dec 31st 1910</u>	
<b>FATHER</b> Full name <u>William Henry English</u> Age last birthday <u>40</u>		<b>FATHER</b> Full name <u>Andrew Elberon Johns</u> Age last birthday <u>32</u>		<b>FATHER</b> Full name <u>John Woodside</u> Age last birthday <u>40</u>	
Usual residence <u>Windsor</u>		Usual residence <u>Windsor</u>		Usual residence <u>Norwich</u>	
Racial origin <u>English Ontario</u>		Racial origin <u>English Ontario</u>		Racial origin <u>Irish Ireland</u>	
Trade or Profession <u>Finisher</u>		Trade or Profession <u>Operator</u>		Trade or Profession <u>Farmer</u>	
Kind of industry or business in which employed <u>Windsor City</u>		Kind of industry or business in which employed <u>Telegraph</u>		Kind of industry or business in which employed <u>Farming</u>	
<b>MOTHER</b> Full maiden name <u>Margaret Lenore</u> Age last birthday <u>33</u>		<b>MOTHER</b> Full maiden name <u>Mary Ethel Almore</u> Age last birthday <u>33</u>		<b>MOTHER</b> Full maiden name <u>Gertrude Davidson</u> Age last birthday <u>36</u>	
Usual residence <u>Windsor</u>		Usual residence <u>Windsor</u>		Usual residence <u>Norwich</u>	
Racial origin <u>English Ontario</u>		Racial origin <u>English Ontario</u>		Racial origin <u>Irish Ireland</u>	
Number of children including this one living <u>3</u> dead <u>1</u> still born <u>0</u>		Number of children including this one living <u>4</u> dead <u>0</u> still born <u>0</u>		Number of children including this one living <u>1</u> dead <u>0</u> still born <u>0</u>	
Occupation, if other than household duties <u>—</u>		Occupation, if other than household duties <u>—</u>		Occupation, if other than household duties <u>—</u>	
Name of informant <u>W. K. English</u>		Name of informant <u>Andrew E. Johns</u>		Name of informant <u>Gertrude Woodside</u>	
Address <u>Windsor</u>		Address <u>Windsor</u>		Address <u>Norwich</u>	
Name of Physician in attendance <u>Dr. Carleton</u>		Name of Physician in attendance <u>Dr. Carleton</u>		Name of Physician in attendance <u>Dr. Carleton</u>	
Date of receipt of Physician's notice <u>Oct 1st 1925</u>		Date of receipt of Physician's notice <u>Oct 1st 1925</u>		Date of receipt of Physician's notice <u>Oct 1st 1925</u>	
Date of receipt of parent's registration <u>Oct 2nd 1925</u>		Date of receipt of parent's registration <u>Oct 2nd 1925</u>		Date of receipt of parent's registration <u>Oct 2nd 1925</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of October 1925.



# BIRTHS

mckillen, benjamin mckillen, rachel hallam, ruth hallam, ringer, meriam pearl wiltshire, marjorie louise topham, dorothy topham, bessie mitchell, gordon thomas brown, brock brown, mcculough, hazel audrey johnson, george johnson, edith henderson

County of Jefferson

Division of Register

No. 1			No. 2			No. 3			No. 4			No. 5		
Street and Number of Child's Residence (if in hospital, give name instead of street) <u>Roll Street</u>			Street and Number of Child's Residence (if in hospital, give name instead of street) <u>Roll Street</u>			Street and Number of Child's Residence (if in hospital, give name instead of street) <u>Miner Street</u>			Street and Number of Child's Residence (if in hospital, give name instead of street) <u>Roll Street</u>			Street and Number of Child's Residence (if in hospital, give name instead of street) <u>Roll Street</u>		
Surname <u>Keagy</u>			Surname <u>Ranger</u>			Surname <u>Brauer</u>			Surname <u>Keagy</u>			Surname <u>Ranger</u>		
Given names in full <u>Ronald Andrew</u>			Given names in full <u>Ruth Marie</u>			Given names in full <u>Brandon Thomas</u>			Given names in full <u>Ronald Andrew</u>			Given names in full <u>Ruth Marie</u>		
Sex (M. or F.) <u>M</u> Twin or Triplet <u>no</u> Was child born alive? <u>yes</u>			Sex (M. or F.) <u>F</u> Twin or Triplet <u>no</u> Was child born alive? <u>yes</u>			Sex (M. or F.) <u>M</u> Twin or Triplet <u>no</u> Was child born alive? <u>yes</u>			Sex (M. or F.) <u>M</u> Twin or Triplet <u>no</u> Was child born alive? <u>yes</u>			Sex (M. or F.) <u>F</u> Twin or Triplet <u>no</u> Was child born alive? <u>yes</u>		
Date of Birth <u>Nov 17th 1925</u>			Date of Birth <u>Nov 15th 1925</u>			Date of Birth <u>Dec 2nd 1925</u>			Date of Birth <u>Nov 17th 1925</u>			Date of Birth <u>Nov 15th 1925</u>		
Place of Parents' Marriage <u>Lakeside</u>			Place of Parents' Marriage <u>Ormelan</u>			Place of Parents' Marriage <u>St. Thomas</u>			Place of Parents' Marriage <u>Lakeside</u>			Place of Parents' Marriage <u>Lakeside</u>		
Date of Marriage <u>Sept 20th 1920</u>			Date of Marriage <u>Apr 2nd 1915</u>			Date of Marriage <u>Oct 20th 1923</u>			Date of Marriage <u>Sept 20th 1920</u>			Date of Marriage <u>Sept 20th 1920</u>		
Full name of father <u>Henry Andrew Keagy</u>			Full name of father <u>Leo John Ranger</u>			Full name of father <u>Frank W Brauer</u>			Full name of father <u>Henry Andrew Keagy</u>			Full name of father <u>Leo John Ranger</u>		
Usual residence <u>Shamesdale</u>			Usual residence <u>Ingersoll</u>			Usual residence <u>Ingersoll</u>			Usual residence <u>Shamesdale</u>			Usual residence <u>Ingersoll</u>		
Racial origin <u>Scottish Ontario</u>			Racial origin <u>Canadian Ingleside</u>			Racial origin <u>Irish Ontario</u>			Racial origin <u>Scottish Ontario</u>			Racial origin <u>Canadian Ingleside</u>		
Trade or Profession <u>farmer</u>			Trade or Profession <u>Agent</u>			Trade or Profession <u>laborer</u>			Trade or Profession <u>farmer</u>			Trade or Profession <u>farmer</u>		
Kind of industry or business in which employed <u>farming</u>			Kind of industry or business in which employed <u>Express</u>			Kind of industry or business in which employed <u>—</u>			Kind of industry or business in which employed <u>—</u>			Kind of industry or business in which employed <u>—</u>		
Full maiden name <u>Addie Jean Hyde</u>			Full maiden name <u>Meriam Pearl Wiltshire</u>			Full maiden name <u>Edith M. Henderson</u>			Full maiden name <u>Addie Jean Hyde</u>			Full maiden name <u>Meriam Pearl Wiltshire</u>		
Usual residence <u>Shamesdale</u>			Usual residence <u>Ingersoll</u>			Usual residence <u>Ingersoll</u>			Usual residence <u>Shamesdale</u>			Usual residence <u>Ingersoll</u>		
Racial origin <u>English Ontario</u>			Racial origin <u>Canadian Ontario</u>			Racial origin <u>Irish Ingleside</u>			Racial origin <u>English Ontario</u>			Racial origin <u>Canadian Ontario</u>		
Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>			Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>			Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>			Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>			Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		
Occupation, if other than household duties <u>—</u>			Occupation, if other than household duties <u>—</u>			Occupation, if other than household duties <u>—</u>			Occupation, if other than household duties <u>—</u>			Occupation, if other than household duties <u>—</u>		
Name of informant <u>Ada L. Keagy</u>			Name of informant <u>Leo John Ranger</u>			Name of informant <u>Frank W Brauer</u>			Name of informant <u>Ada L. Keagy</u>			Name of informant <u>Leo John Ranger</u>		
Address <u>Ingersoll</u>			Address <u>Ingersoll</u>			Address <u>Ingersoll</u>			Address <u>Ingersoll</u>			Address <u>Ingersoll</u>		
Name of Physician in attendance <u>Dr. Klein</u>			Name of Physician in attendance <u>Dr. Larnach</u>			Name of Physician in attendance <u>Dr. Larnach</u>			Name of Physician in attendance <u>Dr. Klein</u>			Name of Physician in attendance <u>Dr. Larnach</u>		
Date of receipt of Physician's notice <u>Nov 17/25</u>			Date of receipt of Physician's notice <u>Nov 15/25</u>			Date of receipt of Physician's notice <u>Dec 2/25</u>			Date of receipt of Physician's notice <u>Nov 17/25</u>			Date of receipt of Physician's notice <u>Nov 15/25</u>		
Date of receipt of parent's registration <u>Nov 17/25</u>			Date of receipt of parent's registration <u>Nov 15/25</u>			Date of receipt of parent's registration <u>Dec 2/25</u>			Date of receipt of parent's registration <u>Nov 17/25</u>			Date of receipt of parent's registration <u>Nov 15/25</u>		
Street and Number of Child's Residence (if in hospital, give name instead of street) <u>Roll Street</u>			Street and Number of Child's Residence (if in hospital, give name instead of street) <u>Roll Street</u>			Street and Number of Child's Residence (if in hospital, give name instead of street) <u>Roll Street</u>			Street and Number of Child's Residence (if in hospital, give name instead of street) <u>Roll Street</u>			Street and Number of Child's Residence (if in hospital, give name instead of street) <u>Roll Street</u>		
Surname <u>McKillen</u>			Surname <u>Topham</u>			Surname <u>Johnson</u>			Surname <u>McKillen</u>			Surname <u>Topham</u>		
Given names in full <u>Margaret</u>			Given names in full <u>Marjorie Louise</u>			Given names in full <u>Hazel Audrey</u>			Given names in full <u>Margaret</u>			Given names in full <u>Marjorie Louise</u>		
Sex (M. or F.) <u>F</u> Twin or Triplet <u>no</u> Was child born alive? <u>yes</u>			Sex (M. or F.) <u>F</u> Twin or Triplet <u>no</u> Was child born alive? <u>yes</u>			Sex (M. or F.) <u>F</u> Twin or Triplet <u>no</u> Was child born alive? <u>yes</u>			Sex (M. or F.) <u>F</u> Twin or Triplet <u>no</u> Was child born alive? <u>yes</u>			Sex (M. or F.) <u>F</u> Twin or Triplet <u>no</u> Was child born alive? <u>yes</u>		
Date of Birth <u>Nov 23rd 1925</u>			Date of Birth <u>Nov 11th 1925</u>			Date of Birth <u>Nov 13th 1925</u>			Date of Birth <u>Nov 23rd 1925</u>			Date of Birth <u>Nov 11th 1925</u>		
Place of Parents' Marriage <u>Lynchdale</u>			Place of Parents' Marriage <u>Lynchdale</u>			Place of Parents' Marriage <u>Ingersoll</u>			Place of Parents' Marriage <u>Lynchdale</u>			Place of Parents' Marriage <u>Lynchdale</u>		
Date of Marriage <u>Aug 12th</u>			Date of Marriage <u>Oct 24th 1917</u>			Date of Marriage <u>Nov 16th 1918</u>			Date of Marriage <u>Aug 12th</u>			Date of Marriage <u>Aug 12th</u>		
Full name of father <u>Benjamin McKillen</u>			Full name of father <u>George Johnson Topham</u>			Full name of father <u>George Johnson</u>			Full name of father <u>Benjamin McKillen</u>			Full name of father <u>George Johnson Topham</u>		
Usual residence <u>Ingersoll</u>			Usual residence <u>Ingersoll</u>			Usual residence <u>Ingersoll</u>			Usual residence <u>Ingersoll</u>			Usual residence <u>Ingersoll</u>		
Racial origin <u>Canadian Ontario</u>			Racial origin <u>English Ontario</u>			Racial origin <u>English Ohio</u>			Racial origin <u>Canadian Ontario</u>			Racial origin <u>Canadian Ontario</u>		
Trade or Profession <u>laborer</u>			Trade or Profession <u>Dayman</u>			Trade or Profession <u>laborer</u>			Trade or Profession <u>laborer</u>			Trade or Profession <u>laborer</u>		
Kind of industry or business in which employed <u>—</u>			Kind of industry or business in which employed <u>—</u>			Kind of industry or business in which employed <u>—</u>			Kind of industry or business in which employed <u>—</u>			Kind of industry or business in which employed <u>—</u>		
Full maiden name <u>Rachel Hallam</u>			Full maiden name <u>Bessie Mitchell</u>			Full maiden name <u>Edith M. Henderson</u>			Full maiden name <u>Rachel Hallam</u>			Full maiden name <u>Bessie Mitchell</u>		
Usual residence <u>Ingersoll</u>			Usual residence <u>Ingersoll</u>			Usual residence <u>Ingersoll</u>			Usual residence <u>Ingersoll</u>			Usual residence <u>Ingersoll</u>		
Racial origin <u>Canadian Ontario</u>			Racial origin <u>English Chicago</u>			Racial origin <u>English Ingleside</u>			Racial origin <u>Canadian Ontario</u>			Racial origin <u>Canadian Ontario</u>		
Number of children including this one living <u>10</u> dead <u>2</u> Still-born <u>0</u>			Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>			Number of children including this one living <u>2</u> dead <u>1</u> Still-born <u>0</u>			Number of children including this one living <u>10</u> dead <u>2</u> Still-born <u>0</u>			Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>0</u>		
Occupation, if other than household duties <u>—</u>			Occupation, if other than household duties <u>—</u>			Occupation, if other than household duties <u>—</u>			Occupation, if other than household duties <u>—</u>			Occupation, if other than household duties <u>—</u>		
Name of informant <u>Rachel McKillen</u>			Name of informant <u>J. H. Topham</u>			Name of informant <u>George Johnson</u>			Name of informant <u>Rachel McKillen</u>			Name of informant <u>J. H. Topham</u>		
Address <u>Ingersoll</u>			Address <u>Ingersoll</u>			Address <u>Ingersoll</u>			Address <u>Ingersoll</u>			Address <u>Ingersoll</u>		
Name of Physician in attendance <u>Dr. Macdonald</u>			Name of Physician in attendance <u>Dr. Larnach</u>			Name of Physician in attendance <u>Dr. Larnach</u>			Name of Physician in attendance <u>Dr. Macdonald</u>			Name of Physician in attendance <u>Dr. Larnach</u>		
Date of receipt of Physician's notice <u>Nov 23/25</u>			Date of receipt of Physician's notice <u>Nov 11/25</u>			Date of receipt of Physician's notice <u>Nov 13/25</u>			Date of receipt of Physician's notice <u>Nov 23/25</u>			Date of receipt of Physician's notice <u>Nov 11/25</u>		
Date of receipt of parent's registration <u>Nov 23/25</u>			Date of receipt of parent's registration <u>Nov 11/25</u>			Date of receipt of parent's registration <u>Nov 13/25</u>			Date of receipt of parent's registration <u>Nov 23/25</u>			Date of receipt of parent's registration <u>Nov 11/25</u>		

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of Nov & Dec 1925



# BIRTHS

lawrence louse crandell, clara luella breen, margaret irene buff, j...  
 mary anna irene beane, margaret jean daniel, kenneth roy daniel, laura...  
 king, hannah margaret holmes, benjamin holmes, frances mavin woolton  
 woolton, william dryden, lillian archer

County of Jefferson Division of Ingersoll

No. 1			No. 7			No. 5		
Street and Number of Cor. and Lot <u>Washington Street</u> <small>(if in hospital, give name instead of street)</small>			Street and Number of Cor. and Lot <u>Water Street</u> <small>(if in hospital, give name instead of street)</small>			Street and Number of Cor. and Lot <u>Keale Street</u> <small>(if in hospital, give name instead of street)</small>		
Surname <u>Shirley</u>			Surname <u>Butt</u>			Surname <u>Kealmeo</u>		
Given names in full <u>Renee Allen</u>			Given names in full <u>Margaret Irene</u>			Given names in full <u>Leannah Margaret</u>		
Sex (M. or F.) <u>M</u> Twin or Triplet <u>Was child born alive?</u> <u>Yes</u>			Sex (M. or F.) <u>F</u> Twin or Triplet <u>Was child born alive?</u> <u>Yes</u>			Sex (M. or F.) <u>F</u> Twin or Triplet <u>Was child born alive?</u> <u>Yes</u>		
Date of Birth <u>Dec 21st 1925</u>			Date of Birth <u>Oct 23rd 1925</u>			Date of Birth <u>Dec 14th 1925</u>		
Place of Parents' Marriage <u>Beachville</u>			Place of Parents' Marriage <u>Chatham</u>			Place of Parents' Marriage <u>Woods Lake</u>		
Date of Marriage <u>June 2nd 1920</u>			Date of Marriage <u>July 12th 1920</u>			Date of Marriage <u>Mar 11th 1922</u>		
FATHER Full name <u>Allen Aubrey Shirley</u> Usual residence <u>Ingersoll</u> Age last birthday <u>25</u> Racial origin <u>English</u> Birth date <u>Ontario</u> Occupation Trade or Profession <u>Manager</u> Kind of industry or business in which employed <u>Printing Mill</u>			FATHER Full name <u>John Fred Butt</u> Usual residence <u>Ingersoll</u> Age last birthday <u>29</u> Racial origin <u>English</u> Birth date <u>Ontario</u> Occupation Trade or Profession <u>Lawyer</u> Kind of industry or business in which employed <u>-</u>			FATHER Full name <u>Benjamin J. Kealmeo</u> Usual residence <u>Ingersoll</u> Age last birthday <u>22</u> Racial origin <u>British</u> Birth date <u>England</u> Occupation Trade or Profession <u>Electrician</u> Kind of industry or business in which employed <u>Telephone</u>		
MOTHER Full maiden name <u>Beard Lillywhite</u> Usual residence <u>Ingersoll</u> Age last birthday <u>25</u> Racial origin <u>English</u> Birth date <u>Ontario</u> Number of children including this one living <u>2</u> dead <u>0</u> Still born <u>0</u> Occupation, if other than household duties <u>-</u>			MOTHER Full maiden name <u>Mary Anna Beane</u> Usual residence <u>Ingersoll</u> Age last birthday <u>21</u> Racial origin <u>English</u> Birth date <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>0</u> Still born <u>0</u> Occupation, if other than household duties <u>-</u>			MOTHER Full maiden name <u>Maria Maxim Wapton</u> Usual residence <u>Ingersoll</u> Age last birthday <u>24</u> Racial origin <u>British</u> Birth date <u>Ontario</u> Number of children including this one living <u>3</u> dead <u>0</u> Still born <u>0</u> Occupation, if other than household duties <u>-</u>		
Name of Informant <u>Al Shirley</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Camber</u> Date of receipt of Physician's notice <u>Dec 21st 1925</u> Date of receipt of parent's registration <u>Dec 21st 1925</u>			Name of Informant <u>Mrs Butt</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Williams</u> Date of receipt of Physician's notice <u>Oct 23rd 1925</u> Date of receipt of parent's registration <u>Oct 14th 1925</u>			Name of Informant <u>Ben J. Kealmeo</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Williams</u> Date of receipt of Physician's notice <u>Dec 14th 1925</u> Date of receipt of parent's registration <u>Dec 14th 1925</u>		
No. 9			No. 10			No. 11		
Street and Number of Cor. and Lot <u>Washington Street</u> <small>(if in hospital, give name instead of street)</small>			Street and Number of Cor. and Lot <u>Washington Street</u> <small>(if in hospital, give name instead of street)</small>			Street and Number of Cor. and Lot <u>Keale Street</u> <small>(if in hospital, give name instead of street)</small>		
Surname <u>Crandell</u>			Surname <u>Daniel</u>			Surname <u>Dryden</u>		
Given names in full <u>Jean Luella</u>			Given names in full <u>Margaret Jean</u>			Given names in full <u>Lillian</u>		
Sex (M. or F.) <u>F</u> Twin or Triplet <u>Was child born alive?</u> <u>Yes</u>			Sex (M. or F.) <u>F</u> Twin or Triplet <u>Was child born alive?</u> <u>Yes</u>			Sex (M. or F.) <u>M</u> Twin or Triplet <u>Was child born alive?</u> <u>Yes</u>		
Date of Birth <u>Dec 4th 1925</u>			Date of Birth <u>Dec 6th 1925</u>			Date of Birth <u>Dec 13th 1925</u>		
Place of Parents' Marriage <u>North Jeffers</u>			Place of Parents' Marriage <u>Woods Lake</u>			Place of Parents' Marriage <u>Ingersoll</u>		
Date of Marriage <u>Mar 22nd 1922</u>			Date of Marriage <u>Mar 22nd 1921</u>			Date of Marriage <u>Oct 7th 1924</u>		
FATHER Full name <u>Lawrence Louis Crandell</u> Usual residence <u>North Jeffers</u> Age last birthday <u>26</u> Racial origin <u>Irish</u> Birth date <u>Ontario</u> Occupation Trade or Profession <u>Farming</u> Kind of industry or business in which employed <u>-</u>			FATHER Full name <u>Smith Roy Daniel</u> Usual residence <u>North Jeffers</u> Age last birthday <u>23</u> Racial origin <u>Scottish</u> Birth date <u>Ontario</u> Occupation Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>Farming</u>			FATHER Full name <u>William Dryden</u> Usual residence <u>Ingersoll</u> Age last birthday <u>49</u> Racial origin <u>Scottish</u> Birth date <u>Ontario</u> Occupation Trade or Profession <u>Shipper</u> Kind of industry or business in which employed <u>Beaver Works</u>		
MOTHER Full maiden name <u>Lara Luella Breen</u> Usual residence <u>North Jeffers</u> Age last birthday <u>23</u> Racial origin <u>Irish</u> Birth date <u>Ontario</u> Number of children including this one living <u>2</u> dead <u>0</u> Still born <u>0</u> Occupation, if other than household duties <u>-</u>			MOTHER Full maiden name <u>Maria Luella King</u> Usual residence <u>North Jeffers</u> Age last birthday <u>23</u> Racial origin <u>Scottish</u> Birth date <u>Ontario</u> Number of children including this one living <u>2</u> dead <u>0</u> Still born <u>0</u> Occupation, if other than household duties <u>-</u>			MOTHER Full maiden name <u>Lillian Archer</u> Usual residence <u>Ingersoll</u> Age last birthday <u>41</u> Racial origin <u>English</u> Birth date <u>Ontario</u> Number of children including this one living <u>3</u> dead <u>0</u> Still born <u>0</u> Occupation, if other than household duties <u>-</u>		
Name of Informant <u>Edw. C. Hedges</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Camber</u> Date of receipt of Physician's notice <u>Dec 4th 1925</u> Date of receipt of parent's registration <u>Dec 10th 1925</u>			Name of Informant <u>Edw. C. Hedges</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Camber</u> Date of receipt of Physician's notice <u>Dec 6th 1925</u> Date of receipt of parent's registration <u>Dec 19th 1925</u>			Name of Informant <u>W. Dryden</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr. Camber</u> Date of receipt of Physician's notice <u>Dec 13th 1925</u> Date of receipt of parent's registration <u>Dec 19th 1925</u>		

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of December, 1925



# BIRTHS

thomas kettlwell, emily kettlwell, earl douglas downey, lillian marjorie king, john irvin butler, irvin butler, harris.

City of Ottawa Division of Registration

THIS SPACE TO BE RESERVED FOR BINDING

No. 12		No. 1		No. 2	
Street and Number or Con. <u>1000 St. Joseph's Hospital</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. <u>Mulick Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. <u>1000 St. Joseph's Hospital</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Cucksey</u>		Surname <u>Messenger</u>		Surname <u>Downey</u>	
Given names in full <u>Bessie Jean</u>		Given names in full <u>Kenneth Howard</u>		Given names in full <u>Earl Douglas</u>	
Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Date of Birth <u>Dec 14th 1925</u>		Date of Birth <u>Dec 25th 1925</u>		Date of Birth <u>Dec 28th 1925</u>	
Place of Parents' Marriage <u>London</u>		Place of Parents' Marriage <u>England</u>		Place of Parents' Marriage <u>Windsor</u>	
Date of Marriage <u>March 14th</u>		Date of Marriage <u>Aug 19th 1908</u>		Date of Marriage <u>July 2nd 1923</u>	
Full name <u>Archie Cucksey</u>		Full name <u>Edward Thomas Messenger</u>		Full name <u>Charles Ernest Downey</u>	
Usual residence <u>Norwich</u>		Usual residence <u>Sagersville</u>		Usual residence <u>Detroit</u>	
Racial origin <u>Canadian Ontario</u>		Racial origin <u>English England</u>		Racial origin <u>English Ontario</u>	
Trade or Profession <u>Farmer</u>		Trade or Profession <u>Ship Captain</u>		Trade or Profession <u>Electrician</u>	
Kind of industry or business in which employed <u>Farming</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>	
Full maiden name <u>Anna Elizabeth Downey</u>		Full maiden name <u>May Jane Kettlwell</u>		Full maiden name <u>Lillian Marjorie King</u>	
Usual residence <u>Norwich</u>		Usual residence <u>Sagersville</u>		Usual residence <u>Detroit</u>	
Racial origin <u>Canadian Ontario</u>		Racial origin <u>English Sagersville</u>		Racial origin <u>English England</u>	
Number of children including this one <u>3</u> living <u>3</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one <u>2</u> living <u>2</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of informant <u>W. L. Hedges</u>		Name of informant <u>W. S. Messenger</u>		Name of informant <u>Chas King</u>	
Address <u>Sagersville</u>		Address <u>Sagersville</u>		Address <u>Sagersville</u>	
Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Furlong</u>		Name of Physician in attendance <u>Dr. McEwen</u>	
Date of receipt of Physician's notice <u>Dec 14/25</u>		Date of receipt of Physician's notice <u>Dec 25/25</u>		Date of receipt of Physician's notice <u>Dec 28/25</u>	
Date of receipt of parent's registration <u>Dec 14/25</u>		Date of receipt of parent's registration <u>Dec 25/25</u>		Date of receipt of parent's registration <u>Dec 28/25</u>	
No. 3		No. 4		No. 5	
Street and Number or Con. <u>1000 St. Joseph's Hospital</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. <u>1000 St. Joseph's Hospital</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. <u>1000 St. Joseph's Hospital</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Butler</u>		Surname <u>Kettlewell</u>		Surname <u>Butler</u>	
Given names in full <u>Donald Patterson</u>		Given names in full <u>Thomas</u>		Given names in full <u>John Irvin</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Date of Birth <u>Dec 17th 1925</u>		Date of Birth <u>Dec 26th 1925</u>		Date of Birth <u>Dec 29th 1925</u>	
Place of Parents' Marriage <u>Detroit, Mich.</u>		Place of Parents' Marriage <u>England</u>		Place of Parents' Marriage <u>Sagersville</u>	
Date of Marriage <u>Oct 20th 1924</u>		Date of Marriage <u>Aug 2nd 1911</u>		Date of Marriage <u>June 1st 1910</u>	
Full name <u>Walter Cleveland Butler</u>		Full name <u>Thomas Kettlewell</u>		Full name <u>Irvin Butler</u>	
Usual residence <u>Sagersville</u>		Usual residence <u>Bulman</u>		Usual residence <u>Sagersville</u>	
Racial origin <u>English Ontario</u>		Racial origin <u>English England</u>		Racial origin <u>English Ontario</u>	
Trade or Profession <u>Farming</u>		Trade or Profession <u>Farmer</u>		Trade or Profession <u>Garage</u>	
Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>	
Full maiden name <u>Martha Agnes Patterson</u>		Full maiden name <u>Emily Kettlewell</u>		Full maiden name <u>Edna Mae Harris</u>	
Usual residence <u>Sagersville</u>		Usual residence <u>Bulman</u>		Usual residence <u>Sagersville</u>	
Racial origin <u>English Ontario</u>		Racial origin <u>English England</u>		Racial origin <u>English Ontario</u>	
Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one <u>5</u> living <u>5</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of informant <u>W. L. Hedges</u>		Name of informant <u>Mr. Thos Kettlewell</u>		Name of informant <u>Mr. Irvin Butler</u>	
Address <u>Sagersville</u>		Address <u>Bulman</u>		Address <u>Sagersville</u>	
Name of Physician in attendance <u>Dr. Carleton</u>		Name of Physician in attendance <u>Dr. Parrish</u>		Name of Physician in attendance <u>Dr. Rogers</u>	
Date of receipt of Physician's notice <u>Dec 17/25</u>		Date of receipt of Physician's notice <u>Dec 26/25</u>		Date of receipt of Physician's notice <u>Dec 29/25</u>	
Date of receipt of parent's registration <u>Dec 17/25</u>		Date of receipt of parent's registration <u>Dec 26/25</u>		Date of receipt of parent's registration <u>Dec 29/25</u>	

I hereby certify that the above are correct registrations of Births filed with me during the month of January 1926.



# BIRTHS

County of Wayne

Division of Dungeness

No. <u>1</u>		No. <u>2</u>		No. <u>3</u>	
Street and Number of Con. and Lot <u>1011 North Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number of Con. and Lot <u>1011 North Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number of Con. and Lot <u>1011 North Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Carey</u>		Surname <u>Rader</u>		Surname <u>Schaefer</u>	
Given names in full <u>Ronald Bruce</u>		Given names in full <u>Mary Louise</u>		Given names in full <u>Jean Marie</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Was child born alive? <u>Yes</u>
Date of Birth <u>Dec 15th 1925</u>		Date of Birth <u>Jan 12th 1926</u>		Date of Birth <u>Dec 29th 1925</u>	
Place of Parents' Marriage <u>Waukegan</u>		Place of Parents' Marriage <u>Dungeness</u>		Place of Parents' Marriage <u>Beth Reaman</u>	
Date of Marriage <u>Nov 27th 1912</u>		Date of Marriage <u>Apr 11th 1925</u>		Date of Marriage <u>June 25th 1913</u>	
FATHER Full name <u>William Carey</u>		FATHER Full name <u>Ernest Rader</u>		FATHER Full name <u>Isidore Schaefer</u>	
Usual residence <u>Dungeness</u>		Usual residence <u>Dungeness</u>		Usual residence <u>Dungeness</u>	
Age last birthday <u>25</u>		Age last birthday <u>27</u>		Age last birthday <u>37</u>	
Racial origin <u>English</u>		Racial origin <u>English</u>		Racial origin <u>Canadian</u>	
Birth place <u>Dungeness</u>		Birth place <u>Ontario</u>		Birth place <u>Ontario</u>	
Trade or Profession <u>laborer</u>		Trade or Profession <u>laborer</u>		Trade or Profession <u>clumber</u>	
Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>-</u>	
MOTHER Full maiden name <u>Ann Marie Carey</u>		MOTHER Full maiden name <u>Rita Cousin</u>		MOTHER Full maiden name <u>Marie Schaefer</u>	
Usual residence <u>Dungeness</u>		Usual residence <u>Dungeness</u>		Usual residence <u>Dungeness</u>	
Age last birthday <u>27</u>		Age last birthday <u>17</u>		Age last birthday <u>25</u>	
Racial origin <u>English</u>		Racial origin <u>English</u>		Racial origin <u>Canadian</u>	
Birth place <u>Ontario</u>		Birth place <u>Ontario</u>		Birth place <u>Ontario</u>	
Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one living <u>1</u> dead <u>1</u> Still-born <u>0</u>		Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of informant <u>William Carey</u>		Name of informant <u>Ernest Rader</u>		Name of informant <u>S Schaefer</u>	
Address <u>Dungeness</u>		Address <u>Dungeness</u>		Address <u>Dungeness</u>	
Name of Physician in attendance <u>Dr. Rogers</u>		Name of Physician in attendance <u>Dr. Arnold</u>		Name of Physician in attendance <u>Dr. Rogers</u>	
Date of receipt of Physician's notice <u>Dec 15/25</u>		Date of receipt of Physician's notice <u>Jan 12/26</u>		Date of receipt of Physician's notice <u>Dec 29/25</u>	
Date of receipt of parent's registration <u>Jan 19/26</u>		Date of receipt of parent's registration <u>Jan 19/26</u>		Date of receipt of parent's registration <u>Jan 19/26</u>	
Street and Number of Con. and Lot <u>No.</u> <small>(If in hospital, give name instead of street)</small>		Street and Number of Con. and Lot <u>No.</u> <small>(If in hospital, give name instead of street)</small>		Street and Number of Con. and Lot <u>No.</u> <small>(If in hospital, give name instead of street)</small>	
Surname		Surname		Surname	
Given names in full		Given names in full		Given names in full	
Sex (M. or F.)	Twin or Triplet	Was child born alive?	Sex (M. or F.)	Twin or Triplet	Was child born alive?
Date of Birth		Date of Birth		Date of Birth	
Place of Parents' Marriage		Place of Parents' Marriage		Place of Parents' Marriage	
Date of Marriage		Date of Marriage		Date of Marriage	
FATHER Full name		FATHER Full name		FATHER Full name	
Usual residence		Usual residence		Usual residence	
Age last birthday		Age last birthday		Age last birthday	
Racial origin		Racial origin		Racial origin	
Birth place		Birth place		Birth place	
Trade or Profession		Trade or Profession		Trade or Profession	
Kind of industry or business in which employed		Kind of industry or business in which employed		Kind of industry or business in which employed	
MOTHER Full maiden name		MOTHER Full maiden name		MOTHER Full maiden name	
Usual residence		Usual residence		Usual residence	
Age last birthday		Age last birthday		Age last birthday	
Racial origin		Racial origin		Racial origin	
Birth place		Birth place		Birth place	
Number of children including this one living   dead   Still-born		Number of children including this one living   dead   Still-born		Number of children including this one living   dead   Still-born	
Occupation, if other than household duties		Occupation, if other than household duties		Occupation, if other than household duties	
Name of informant		Name of informant		Name of informant	
Address		Address		Address	
Name of Physician in attendance		Name of Physician in attendance		Name of Physician in attendance	
Date of receipt of Physician's notice		Date of receipt of Physician's notice		Date of receipt of Physician's notice	
Date of receipt of parent's registration		Date of receipt of parent's registration		Date of receipt of parent's registration	

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

Shirley Turk, Albert Turk, Mary Simpson, John Mark Gregg, Mildred Evelyn Shelton, Aubrey Elliott Tate, Walter Tate, Jennie Baxter, Doris Crown, Benjamin Crown, Augusta Bleaker, Jean Marguerite Fordham, Arthur Richard Fordham, Caroline Tabbot Brassington, Lorna Cecile Flood, Charles Melbourne Flood, Claudia Sofia Steenburg.

County of DeKalb

Division of Superior

THIS SPACE TO BE RESERVED FOR BINDING

No. 1			No. 2			No. 3		
Street and Number of Con. and Lot <i>Marriott Street</i> <small>(If in hospital, give name instead of street)</small>			Street and Number of Con. and Lot <i>Carl Street</i> <small>(If in hospital, give name instead of street)</small>			Street and Number of Con. and Lot <i>Shames Street N.</i> <small>(If in hospital, give name instead of street)</small>		
Surname <i>Turk</i>			Surname <i>Tate</i>			Surname <i>Fordham</i>		
Given names in full <i>Shirley M.</i>			Given names in full <i>Aubrey Elliott</i>			Given names in full <i>Jean Marguerite</i>		
Sex (M. or F.) <i>F</i>	Twin or Triplet <i>No</i>	Was child born alive? <i>Yes</i>	Sex (M. or F.) <i>M</i>	Twin or Triplet <i>No</i>	Was child born alive? <i>Yes</i>	Sex (M. or F.) <i>F</i>	Twin or Triplet <i>No</i>	Was child born alive? <i>Yes</i>
Date of Birth <i>July 2nd 1926</i>			Date of Birth <i>July 4th 1926</i>			Date of Birth <i>July 1st 1926</i>		
Place of Parents' Marriage <i>Ingersoll</i>			Place of Parents' Marriage <i>Brumley</i>			Place of Parents' Marriage <i>Ingersoll</i>		
Date of Marriage <i>1903</i>			Date of Marriage <i>July 1st 1903</i>			Date of Marriage <i>Mar 31st 1915</i>		
Full name <i>Albert Turk</i>			Full name <i>Walter H. Tate</i>			Full name <i>Arthur Richard Fordham</i>		
FATHER	Usual residence <i>Ingersoll</i>	Age last birthday <i>46</i>	FATHER	Usual residence <i>Ingersoll</i>	Age last birthday <i>46</i>	FATHER	Usual residence <i>Ingersoll</i>	Age last birthday <i>32</i>
	Racial origin <i>English England</i>	Birth-place <i>England</i>		Racial origin <i>English Ontario</i>	Birth-place <i>Ontario</i>		Racial origin <i>English England</i>	Birth-place <i>England</i>
	Trade or Profession <i>Caretaker</i>	Occupation <i>Market Clerk</i>		Trade or Profession <i>Merchant</i>	Occupation <i>News Clipping</i>		Trade or Profession <i>Labourer</i>	Occupation <i>Truck Driver</i>
Full maiden name <i>Mary Simpson</i>			Full maiden name <i>Jennie B. Bayler</i>			Full maiden name <i>Caroline Tabbot Brassington</i>		
MOTHER	Usual residence <i>Ingersoll</i>	Age last birthday <i>35</i>	MOTHER	Usual residence <i>Ingersoll</i>	Age last birthday <i>33</i>	MOTHER	Usual residence <i>Ingersoll</i>	Age last birthday <i>37</i>
	Racial origin <i>English England</i>	Birth-place <i>England</i>		Racial origin <i>Scottish Ontario</i>	Birth-place <i>Ontario</i>		Racial origin <i>English England</i>	Birth-place <i>England</i>
	Number of children including this one <i>10</i> living <i>0</i> dead <i>0</i> Still-born <i>0</i>	Occupation, if other than household duties		Number of children including this one <i>4</i> living <i>0</i> dead <i>0</i> Still-born <i>0</i>	Occupation, if other than household duties		Number of children including this one <i>4</i> living <i>0</i> dead <i>0</i> Still-born <i>0</i>	Occupation, if other than household duties
Name of Informant <i>Albert Turk</i>			Name of Informant <i>Walter H. Tate</i>			Name of Informant <i>Arthur Fordham</i>		
Address <i>Ingersoll</i>			Address <i>Ingersoll</i>			Address <i>Ingersoll</i>		
Name of Physician in attendance <i>Dr. Conner</i>			Name of Physician in attendance <i>Dr. Rogers</i>			Name of Physician in attendance <i>Dr. Durling</i>		
Date of receipt of Physician's notice <i>July 26 1926</i>			Date of receipt of Physician's notice <i>July 26 1926</i>			Date of receipt of Physician's notice <i>July 26 1926</i>		
Date of receipt of parent's registration <i>July 26 1926</i>			Date of receipt of parent's registration <i>July 26 1926</i>			Date of receipt of parent's registration <i>July 26 1926</i>		
No. <i>1</i>			No. <i>2</i>			No. <i>6</i>		
Street and Number of Con. and Lot <i>Andrea Hooker</i> <small>(If in hospital, give name instead of street)</small>			Street and Number of Con. and Lot <i>King Street, W.</i> <small>(If in hospital, give name instead of street)</small>			Street and Number of Con. and Lot <i>Shames Street N.</i> <small>(If in hospital, give name instead of street)</small>		
Surname <i>Gregg</i>			Surname <i>Crown</i>			Surname <i>Flood</i>		
Given names in full <i>John Frank</i>			Given names in full <i>Margaret Doris</i>			Given names in full <i>Berna Cecilia</i>		
Sex (M. or F.) <i>M</i>	Twin or Triplet <i>No</i>	Was child born alive? <i>Yes</i>	Sex (M. or F.) <i>F</i>	Twin or Triplet <i>No</i>	Was child born alive? <i>Yes</i>	Sex (M. or F.) <i>F</i>	Twin or Triplet <i>No</i>	Was child born alive? <i>Yes</i>
Date of Birth <i>July 25th 1926</i>			Date of Birth <i>July 13th 1926</i>			Date of Birth <i>July 1st 1926</i>		
Place of Parents' Marriage <i>Elena Camer</i>			Place of Parents' Marriage <i>Ingersoll</i>			Place of Parents' Marriage <i>Ingersoll, Alberta</i>		
Date of Marriage <i>May 17th 1922</i>			Date of Marriage			Date of Marriage <i>Nov 1st 1918</i>		
Full name <i>Walter Howard Gregg</i>			Full name <i>Benjamin Crown</i>			Full name <i>Charles Melbourne Flood</i>		
FATHER	Usual residence <i>Balford</i>	Age last birthday <i>24</i>	FATHER	Usual residence <i>Ingersoll</i>	Age last birthday <i>41</i>	FATHER	Usual residence <i>Ingersoll</i>	Age last birthday <i>34</i>
	Racial origin <i>English Ontario</i>	Birth-place <i>Ontario</i>		Racial origin <i>English Ontario</i>	Birth-place <i>Ontario</i>		Racial origin <i>English Ontario</i>	Birth-place <i>Ontario</i>
	Trade or Profession <i>Farmer</i>	Occupation <i>Farming</i>		Trade or Profession <i>House Maker</i>	Occupation		Trade or Profession <i>Telegrapher</i>	Occupation <i>C. O. Day</i>
Full maiden name <i>Mildred Evelyn Shelton</i>			Full maiden name <i>Myrtle R. Bleeker</i>			Full maiden name <i>Claudia Sofia Steenburg</i>		
MOTHER	Usual residence <i>Balford</i>	Age last birthday <i>23</i>	MOTHER	Usual residence <i>Ingersoll</i>	Age last birthday <i>30</i>	MOTHER	Usual residence <i>Ingersoll</i>	Age last birthday <i>31</i>
	Racial origin <i>English Ontario</i>	Birth-place <i>Ontario</i>		Racial origin <i>English Ontario</i>	Birth-place <i>Ontario</i>		Racial origin <i>English Ontario</i>	Birth-place <i>Ontario</i>
	Number of children including this one <i>2</i> living <i>0</i> dead <i>0</i> Still-born <i>0</i>	Occupation, if other than household duties		Number of children including this one <i>4</i> living <i>0</i> dead <i>0</i> Still-born <i>0</i>	Occupation, if other than household duties		Number of children including this one <i>3</i> living <i>0</i> dead <i>0</i> Still-born <i>0</i>	Occupation, if other than household duties
Name of Informant <i>Evelyn Shelton</i>			Name of Informant <i>B. Crown</i>			Name of Informant <i>Chas. M. Flood</i>		
Address <i>Ingersoll</i>			Address <i>Ingersoll</i>			Address <i>Ingersoll</i>		
Name of Physician in attendance <i>Dr. Conner</i>			Name of Physician in attendance <i>Dr. Durling</i>			Name of Physician in attendance <i>Dr. Williams</i>		
Date of receipt of Physician's notice <i>July 25 1926</i>			Date of receipt of Physician's notice <i>July 26 1926</i>			Date of receipt of Physician's notice <i>July 26 1926</i>		
Date of receipt of parent's registration <i>July 26 1926</i>			Date of receipt of parent's registration <i>July 26 1926</i>			Date of receipt of parent's registration <i>July 26 1926</i>		

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1926



# BIRTHS

wright, gerald armond riggs staples, lester william staples, grace emma murphy, mcoughan, donald desmond linthwaite, illian linthwaite, marjorie may wilford, wavy denzil wilford, gladys stone, walter william shelton, lida tamant.

County of Offord

Division of Ingersoll

No. 7		No. 8		No. 9	
Street and Number of Cor. and Lot (If in hospital, give name instead of street) <u>Charles Street E.</u>		Street and Number of Cor. and Lot (If in hospital, give name instead of street) <u>Andre Hospital</u>		Street and Number of Cor. and Lot (If in hospital, give name instead of street) <u>Andre Hospital</u>	
Surname <u>Olama</u>		Surname <u>Staples</u>		Surname <u>Wilsard</u>	
Given names in full <u>Elizabeth</u>		Given names in full <u>Donald Armond Riggs</u>		Given names in full <u>Mary Jane May</u>	
Sex (M. or F.) <u>F</u>	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Was child born alive? <u>Yes</u>
Date of Birth <u>July 19th 1926</u>		Date of Birth <u>July 10th 1926</u>		Date of Birth <u>July 19th 1926</u>	
Place of Parents' Marriage <u>Ingersoll</u>		Place of Parents' Marriage <u>Woodstock</u>		Place of Parents' Marriage <u>Nerwich</u>	
Date of Marriage <u>Oct 22nd 1914</u>		Date of Marriage <u>Sept 26th 1921</u>		Date of Marriage <u>July 17th 1923</u>	
FATHER: Full name <u>John Olama</u>		FATHER: Full name <u>John William Staples</u>		FATHER: Full name <u>Wray Denzil Wilsard</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Berham</u>	
Racial origin <u>Scottish Ireland</u>		Racial origin <u>Irish Ontario</u>		Racial origin <u>English Ontario</u>	
MOTHER: Full maiden name <u>Martha Hartman</u>		MOTHER: Full maiden name <u>Anna Margaret Bluyman</u>		MOTHER: Full maiden name <u>Blaisy Stone</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Berham</u>	
Racial origin <u>Scottish Ireland</u>		Racial origin <u>Irish Ontario</u>		Racial origin <u>English Ontario</u>	
Occupation <u>Engineer</u>		Occupation <u>Dentist</u>		Occupation <u>Farmer</u>	
Name of informant <u>Martha Olama</u>		Name of informant <u>James E.M. Staples</u>		Name of informant <u>Wray Wilsard</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Berham, Ont.</u>	
Date of receipt of Physician's notice <u>July 19/26</u>		Date of receipt of Physician's notice <u>July 11/26</u>		Date of receipt of Physician's notice <u>July 19/26</u>	
Date of receipt of parent's registration <u>July 19/26</u>		Date of receipt of parent's registration <u>July 21/26</u>		Date of receipt of parent's registration <u>July 19/26</u>	
Street and Number of Cor. and Lot (If in hospital, give name instead of street) <u>Andre Hospital</u>		Street and Number of Cor. and Lot (If in hospital, give name instead of street) <u>Andre Hospital</u>		Street and Number of Cor. and Lot (If in hospital, give name instead of street) <u>John Street</u>	
Surname <u>Bailey</u>		Surname <u>Linthwaite</u>		Surname <u>Shelton</u>	
Given names in full <u>Richard Samuel</u>		Given names in full <u>Donald Desmond</u>		Given names in full <u>Walter William</u>	
Sex (M. or F.) <u>M</u>	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Was child born alive? <u>Yes</u>
Date of Birth <u>July 20th 1926</u>		Date of Birth <u>July 19th 1926</u>		Date of Birth <u>July 20th 1926</u>	
Place of Parents' Marriage <u>-</u>		Place of Parents' Marriage <u>-</u>		Place of Parents' Marriage <u>Ingersoll</u>	
Date of Marriage <u>-</u>		Date of Marriage <u>-</u>		Date of Marriage <u>May 16th 1925</u>	
FATHER: Full name <u>Richard Samuel Bailey</u>		FATHER: Full name <u>-</u>		FATHER: Full name <u>Walter William Shelton</u>	
Usual residence <u>Offord</u>		Usual residence <u>-</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>English Ontario</u>		Racial origin <u>-</u>		Racial origin <u>English Ontario</u>	
MOTHER: Full maiden name <u>Esther Marie Wright</u>		MOTHER: Full maiden name <u>Illian Linthwaite</u>		MOTHER: Full maiden name <u>Lidia Sarah</u>	
Usual residence <u>Offord</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>	
Racial origin <u>English Ontario</u>		Racial origin <u>English Ontario</u>		Racial origin <u>English Ontario</u>	
Occupation <u>Farmer</u>		Occupation <u>-</u>		Occupation <u>Butcher</u>	
Name of informant <u>Richard S. Bailey</u>		Name of informant <u>Walter W. Shelton</u>		Name of informant <u>Walter W. Shelton</u>	
Address <u>Ingersoll P.P. 4</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Date of receipt of Physician's notice <u>July 19/26</u>		Date of receipt of Physician's notice <u>July 19/26</u>		Date of receipt of Physician's notice <u>July 19/26</u>	
Date of receipt of parent's registration <u>July 19/26</u>		Date of receipt of parent's registration <u>July 19/26</u>		Date of receipt of parent's registration <u>July 19/26</u>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1926



# BIRTHS

County of Jefferson

Division of Health

Grace Elizabeth Powell, Joseph Edward Power, Stanley Elliott, Florence Olive Hutchison Hutchison, Margaret Thomas Joseph Morrison, Marie Agnes Hennessey, Helen Jean Burns Brown, Viola Pearl Sanders, Howard Arthur Garland, Robert ... Rosetta Mary Bowering

THIS SPACE TO BE RESERVED FOR BINDING

No. 4		No. 5		No. 6	
Street and Number of Con. (if in hospital, give name instead of street) <u>Chickadee Road</u>		Street and Number of Con. (if in hospital, give name instead of street) <u>Chickadee Road</u>		Street and Number of Con. (if in hospital, give name instead of street) <u>Chickadee Road</u>	
Surname <u>Cowell</u>		Surname <u>Elliot</u>		Surname <u>Brown</u>	
Given names in full <u>Wesley Elizabeth</u>		Given names in full <u>Wynne Stanley</u>		Given names in full <u>Helen Jean</u>	
Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>
Was child born alive? <u>Yes</u>		Was child born alive? <u>Yes</u>		Was child born alive? <u>Yes</u>	
Date of Birth <u>July 25th 1926</u>		Date of Birth <u>July 25th 1926</u>		Date of Birth <u>Mar 25th 1926</u>	
Place of Parents' Marriage <u>England</u>		Place of Parents' Marriage <u>North Africa</u>		Place of Parents' Marriage <u>-</u>	
Date of Marriage <u>Aug 7th 1925</u>		Date of Marriage <u>July 25th 1925</u>		Date of Marriage <u>-</u>	
Full name of father <u>Wesley Edward Cowell</u>		Full name of father <u>Wynne Stanley Elliot</u>		Full name of father <u>Wayne Bruce Brown</u>	
Usual residence <u>Ingersoll</u>	Age last birthday <u>45</u>	Usual residence <u>North Africa</u>	Age last birthday <u>57</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>26</u>
Racial origin <u>English</u>	Birth place <u>England</u>	Racial origin <u>English</u>	Birth place <u>Ontario</u>	Racial origin <u>Scottish</u>	Birth place <u>Ontario</u>
Trade or Profession <u>Labourer</u>	Kind of industry or business in which employed <u>-</u>	Trade or Profession <u>Farmer</u>	Kind of industry or business in which employed <u>Farming</u>	Trade or Profession <u>Shoe Maker</u>	Kind of industry or business in which employed <u>-</u>
Full maiden name <u>Wesley</u>		Full maiden name <u>Wynne Olive Hutchison</u>		Full maiden name <u>Wynne Olive Hutchison</u>	
Usual residence <u>Ingersoll</u>	Age last birthday <u>43</u>	Usual residence <u>North Africa</u>	Age last birthday <u>26</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>25</u>
Racial origin <u>English</u>	Birth place <u>England</u>	Racial origin <u>Scottish</u>	Birth place <u>Ontario</u>	Racial origin <u>Scottish</u>	Birth place <u>Ontario</u>
Number of children including this one <u>1</u> living <u>0</u> dead <u>0</u> Still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Number of children including this one <u>2</u> living <u>2</u> dead <u>0</u> Still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u>	Occupation, if other than household duties <u>-</u>
Name of Informant <u>Wesley B. Hodge</u>		Name of Informant <u>Wesley B. Hodge</u>		Name of Informant <u>Wayne B. Brown</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Carvish</u>		Name of Physician in attendance <u>Dr. Carvish</u>		Name of Physician in attendance <u>Dr. Carvish</u>	
Date of receipt of Physician's notice <u>July 10/26</u>	Date of receipt of parent's registration <u>July 10/26</u>	Date of receipt of Physician's notice <u>July 10/26</u>	Date of receipt of parent's registration <u>July 10/26</u>	Date of receipt of Physician's notice <u>July 10/26</u>	Date of receipt of parent's registration <u>July 10/26</u>
No. 7		No. 8		No. 9	
Street and Number of Con. and Loc. (if in hospital, give name instead of street) <u>Chickadee Road</u>		Street and Number of Con. and Loc. (if in hospital, give name instead of street) <u>Chickadee Road</u>		Street and Number of Con. and Loc. (if in hospital, give name instead of street) <u>Chickadee Road</u>	
Surname <u>Carvish</u>		Surname <u>Morrison</u>		Surname <u>Garland</u>	
Given names in full <u>Helen Jean</u>		Given names in full <u>Margaret Catherine</u>		Given names in full <u>Howard Arthur</u>	
Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>
Was child born alive? <u>Yes</u>		Was child born alive? <u>Yes</u>		Was child born alive? <u>Yes</u>	
Date of Birth <u>July 25th 1926</u>		Date of Birth <u>July 25th 1926</u>		Date of Birth <u>July 25th 1926</u>	
Place of Parents' Marriage <u>Ingersoll</u>		Place of Parents' Marriage <u>Ingersoll</u>		Place of Parents' Marriage <u>England</u>	
Date of Marriage <u>Apr 2nd 1924</u>		Date of Marriage <u>Oct 2nd 1923</u>		Date of Marriage <u>Apr 4th 1910</u>	
Full name of father <u>Wesley Edward Carvish</u>		Full name of father <u>Wynne Joseph Morrison</u>		Full name of father <u>Robert Arthur Garland</u>	
Usual residence <u>Ingersoll</u>	Age last birthday <u>20</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>27</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>37</u>
Racial origin <u>English</u>	Birth place <u>Ingersoll</u>	Racial origin <u>Irish</u>	Birth place <u>Wexford</u>	Racial origin <u>English</u>	Birth place <u>England</u>
Trade or Profession <u>Labourer</u>	Kind of industry or business in which employed <u>-</u>	Trade or Profession <u>Bookbinder</u>	Kind of industry or business in which employed <u>-</u>	Trade or Profession <u>Book Binder</u>	Kind of industry or business in which employed <u>-</u>
Full maiden name <u>Wesley</u>		Full maiden name <u>Wynne Agnes Hutchison</u>		Full maiden name <u>Rosetta Mary Bowering</u>	
Usual residence <u>Ingersoll</u>	Age last birthday <u>27</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>25</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>37</u>
Racial origin <u>English</u>	Birth place <u>Ontario</u>	Racial origin <u>Irish</u>	Birth place <u>Ontario</u>	Racial origin <u>English</u>	Birth place <u>Ontario</u>
Number of children including this one <u>2</u> living <u>2</u> dead <u>0</u> Still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Number of children including this one <u>2</u> living <u>1</u> dead <u>1</u> Still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Number of children including this one <u>3</u> living <u>2</u> dead <u>0</u> Still-born <u>0</u>	Occupation, if other than household duties <u>-</u>
Name of Informant <u>Wesley B. Carvish</u>		Name of Informant <u>Wynne Morrison</u>		Name of Informant <u>R. A. Garland</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Carvish</u>		Name of Physician in attendance <u>Dr. Carvish</u>		Name of Physician in attendance <u>Dr. Carvish</u>	
Date of receipt of Physician's notice <u>July 10/26</u>	Date of receipt of parent's registration <u>July 10/26</u>	Date of receipt of Physician's notice <u>July 10/26</u>	Date of receipt of parent's registration <u>July 10/26</u>	Date of receipt of Physician's notice <u>July 10/26</u>	Date of receipt of parent's registration <u>July 10/26</u>

I hereby certify that the above are correct registrations of Births filed with me during the month of March 1926



# BIRTHS

Division of **Registrars**

County of **Orange**

THIS SPACE TO BE RESERVED FOR BINDING

No. **10**

Street and No. of Cor. and (if in hospital, give name instead of street)

**Wilson Elmer**

Surname: **Wilson**

Given names in full: **Elmer**

Sex (M. or F.): **M**

Date of Birth: **July 25th 1916**

Place of Parents' Marriage: **San Antonio**

Date of Marriage: **April 1917**

Full name: **Robert Wilson**

Usual residence: **San Antonio**

Racial origin: **English**

Trade or Profession: **Farmer**

Kind of industry or business in which employed: **San Antonio**

Full name: **Robert Wilson**

Usual residence: **San Antonio**

Racial origin: **English**

Number of children including this one: **2**

Occupation, if other than household duties: **Farmer**

Name of Informant: **Robert Wilson**

Address: **San Antonio**

Name of Physician in attendance: **Dr. J. J. ...**

Date of receipt of Physician's notice: **July 25th 1916**

Street and No. of Cor. and (if in hospital, give name instead of street)

**Erwin**

Surname: **Erwin**

Given names in full: **Daniel Grant**

Sex (M. or F.): **M**

Date of Birth: **March 29th 1916**

Place of Parents' Marriage: **Epstein**

Date of Marriage: **April 1916**

Full name: **Daniel Erwin**

Usual residence: **Epstein**

Racial origin: **English**

Trade or Profession: **Farmer**

Kind of industry or business in which employed: **Epstein**

Full name: **Mary Davis**

Usual residence: **Epstein**

Racial origin: **English**

Number of children including this one: **4**

Occupation, if other than household duties: **Farmer**

Name of Informant: **Robert Wilson**

Address: **San Antonio**

Name of Physician in attendance: **Dr. J. J. ...**

Date of receipt of Physician's notice: **July 25th 1916**

No. **9**

Street and No. of Cor. and (if in hospital, give name instead of street)

**Wilson Elmer**

Surname: **Wilson**

Given names in full: **Elmer**

Sex (M. or F.): **M**

Date of Birth: **July 25th 1916**

Place of Parents' Marriage: **San Antonio**

Date of Marriage: **April 1917**

Full name: **Robert Wilson**

Usual residence: **San Antonio**

Racial origin: **English**

Trade or Profession: **Farmer**

Kind of industry or business in which employed: **San Antonio**

Full name: **Robert Wilson**

Usual residence: **San Antonio**

Racial origin: **English**

Number of children including this one: **2**

Occupation, if other than household duties: **Farmer**

Name of Informant: **Robert Wilson**

Address: **San Antonio**

Name of Physician in attendance: **Dr. J. J. ...**

Date of receipt of Physician's notice: **July 25th 1916**

No. **11**

Street and No. of Cor. and (if in hospital, give name instead of street)

**Wilson Elmer**

Surname: **Wilson**

Given names in full: **Elmer**

Sex (M. or F.): **M**

Date of Birth: **July 25th 1916**

Place of Parents' Marriage: **San Antonio**

Date of Marriage: **April 1917**

Full name: **Robert Wilson**

Usual residence: **San Antonio**

Racial origin: **English**

Trade or Profession: **Farmer**

Kind of industry or business in which employed: **San Antonio**

Full name: **Robert Wilson**

Usual residence: **San Antonio**

Racial origin: **English**

Number of children including this one: **2**

Occupation, if other than household duties: **Farmer**

Name of Informant: **Robert Wilson**

Address: **San Antonio**

Name of Physician in attendance: **Dr. J. J. ...**

Date of receipt of Physician's notice: **July 25th 1916**

Street and No. of Cor. and (if in hospital, give name instead of street)

**Wilson Elmer**

Surname: **Wilson**

Given names in full: **Elmer**

Sex (M. or F.): **M**

Date of Birth: **July 25th 1916**

Place of Parents' Marriage: **San Antonio**

Date of Marriage: **April 1917**

Full name: **Robert Wilson**

Usual residence: **San Antonio**

Racial origin: **English**

Trade or Profession: **Farmer**

Kind of industry or business in which employed: **San Antonio**

Full name: **Robert Wilson**

Usual residence: **San Antonio**

Racial origin: **English**

Number of children including this one: **2**

Occupation, if other than household duties: **Farmer**

Name of Informant: **Robert Wilson**

Address: **San Antonio**

Name of Physician in attendance: **Dr. J. J. ...**

Date of receipt of Physician's notice: **July 25th 1916**

No. **3**

Street and No. of Cor. and (if in hospital, give name instead of street)

**Wilson Elmer**

Surname: **Wilson**

Given names in full: **Elmer**

Sex (M. or F.): **M**

Date of Birth: **July 25th 1916**

Place of Parents' Marriage: **San Antonio**

Date of Marriage: **April 1917**

Full name: **Robert Wilson**

Usual residence: **San Antonio**

Racial origin: **English**

Trade or Profession: **Farmer**

Kind of industry or business in which employed: **San Antonio**

Full name: **Robert Wilson**

Usual residence: **San Antonio**

Racial origin: **English**

Number of children including this one: **2**

Occupation, if other than household duties: **Farmer**

Name of Informant: **Robert Wilson**

Address: **San Antonio**

Name of Physician in attendance: **Dr. J. J. ...**

Date of receipt of Physician's notice: **July 25th 1916**

No. **4**

Street and No. of Cor. and (if in hospital, give name instead of street)

**Wilson Elmer**

Surname: **Wilson**

Given names in full: **Elmer**

Sex (M. or F.): **M**

Date of Birth: **July 25th 1916**

Place of Parents' Marriage: **San Antonio**

Date of Marriage: **April 1917**

Full name: **Robert Wilson**

Usual residence: **San Antonio**

Racial origin: **English**

Trade or Profession: **Farmer**

Kind of industry or business in which employed: **San Antonio**

Full name: **Robert Wilson**

Usual residence: **San Antonio**

Racial origin: **English**

Number of children including this one: **2**

Occupation, if other than household duties: **Farmer**

Name of Informant: **Robert Wilson**

Address: **San Antonio**

Name of Physician in attendance: **Dr. J. J. ...**

Date of receipt of Physician's notice: **July 25th 1916**

No. **25**

Street and No. of Cor. and (if in hospital, give name instead of street)

**Wilson Elmer**

Surname: **Wilson**

Given names in full: **Elmer**

Sex (M. or F.): **M**

Date of Birth: **July 25th 1916**

Place of Parents' Marriage: **San Antonio**

Date of Marriage: **April 1917**

Full name: **Robert Wilson**

Usual residence: **San Antonio**

Racial origin: **English**

Trade or Profession: **Farmer**

Kind of industry or business in which employed: **San Antonio**

Full name: **Robert Wilson**

Usual residence: **San Antonio**

Racial origin: **English**

Number of children including this one: **2**

Occupation, if other than household duties: **Farmer**

Name of Informant: **Robert Wilson**

Address: **San Antonio**

Name of Physician in attendance: **Dr. J. J. ...**

Date of receipt of Physician's notice: **July 25th 1916**

I hereby certify that the above are correct registrations of Births filed with me during the month of **July** 1916.

Missy Davis, Gordon Murray Shelton, John Robert Wilson, these names may be registered, Allan Johnson, George Louis Johnson, Mary Taylor, these may be registered with Wilson and Mrs. Jean McKay, Wallis Wesley Hammond, these either



# BIRTHS

margaret helen parsons, harold parsons, rose ilian barnes, harold copeland, harley copeland; irene hepburn, marjorie wilson, mildred hawkins, ford hawkins, annie arvilla bonesteel, helen maurice chadwick, charles chester chadwick, elsie maud millette

County of Alameda Division of Sanger

THIS SPACE TO BE RESERVED FOR BINDING

No. 5		No. 6		No. 7	
Street and Number of Con. and Lot <u>1400 Duke Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number of Con. and Lot <u>1400 Duke Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number of Con. and Lot <u>1400 Duke Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Bigham</u>		Surname <u>Copeland</u>		Surname <u>Kearns</u>	
Given names in full <u>William Douglas</u>		Given names in full <u>Margaret Joyce</u>		Given names in full <u>Mildred Joyce</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>	
Date of Birth <u>Mar 29th 1926</u>		Date of Birth <u>Mar 13th 1926</u>		Date of Birth <u>Apr 5th 1926</u>	
Place of Parents' Marriage <u>Sanger</u>		Place of Parents' Marriage <u>St. Thomas</u>		Place of Parents' Marriage <u>Bellevue</u>	
Date of Marriage <u>May 21st 1925</u>		Date of Marriage <u>Mar 12th 1920</u>		Date of Marriage <u>July 17th 1907</u>	
FATHER Full name <u>Ray Alfred Bigham</u> Usual residence <u>Sanger</u> Age last birthday <u>26</u> Racial origin <u>English Ontario</u> Birth-place Occupation <u>Carfectioner</u>		FATHER Full name <u>Stanley A. Copeland</u> Usual residence <u>Sanger</u> Age last birthday <u>34</u> Racial origin <u>English U.S.A.</u> Birth-place Occupation <u>Garage</u>		FATHER Full name <u>Earl Kearns</u> Usual residence <u>Sanger</u> Age last birthday <u>41</u> Racial origin <u>English Ontario</u> Birth-place Occupation <u>Driver</u>	
MOTHER Full maiden name <u>Ma Belia Weston</u> Usual residence <u>Sanger</u> Age last birthday <u>21</u> Racial origin <u>English Ontario</u> Birth-place Number of children including this one <u>Living 1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties		MOTHER Full maiden name <u>Irene Hepler</u> Usual residence <u>Sanger</u> Age last birthday <u>29</u> Racial origin <u>English Ontario</u> Birth-place Number of children including this one <u>Living 2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties		MOTHER Full maiden name <u>Miss Willa Bonesteel</u> Usual residence <u>Sanger</u> Age last birthday <u>42</u> Racial origin <u>English Ontario</u> Birth-place Number of children including this one <u>Living 1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties	
Name of informant <u>R. B. Bigham</u>		Name of informant <u>H. B. Copeland</u>		Name of informant <u>Earl Kearns</u>	
Address <u>Sanger</u>		Address <u>Sanger</u>		Address <u>Sanger</u>	
Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Cornish</u>	
Date of receipt of Physician's notice <u>Mar 29th 1926</u> Date of receipt of parent's registration <u>Mar 29th 1926</u>		Date of receipt of Physician's notice <u>Mar 13th 1926</u> Date of receipt of parent's registration <u>Mar 13th 1926</u>		Date of receipt of Physician's notice <u>Apr 5th 1926</u> Date of receipt of parent's registration <u>Apr 5th 1926</u>	
Street and Number of Con. and Lot <u>1400 Duke Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number of Con. and Lot <u>1400 Duke Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number of Con. and Lot <u>1400 Duke Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Carsons</u>		Surname <u>Wilson</u>		Surname <u>Chadwick</u>	
Given names in full <u>Margaret Helen</u>		Given names in full <u>Baby</u>		Given names in full <u>Helen Maurice</u>	
Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>No</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>	
Date of Birth <u>Apr 25th 1926</u>		Date of Birth <u>May 1st 1925</u>		Date of Birth <u>Apr 21st 1926</u>	
Place of Parents' Marriage <u>Sanger</u>		Place of Parents' Marriage <u>Sanger</u>		Place of Parents' Marriage <u>Sanger</u>	
Date of Marriage <u>Aug 1st 1924</u>		Date of Marriage <u>Sanger</u>		Date of Marriage <u>Sanger</u>	
FATHER Full name <u>Donald Carsons</u> Usual residence <u>Shamesford</u> Age last birthday <u>26</u> Racial origin <u>English Ontario</u> Birth-place Occupation <u>Operator</u>		FATHER Full name <u>—</u> Usual residence <u>—</u> Age last birthday <u>—</u> Racial origin <u>—</u> Birth-place Occupation <u>—</u>		FATHER Full name <u>Charles Chester Chadwick</u> Usual residence <u>Sanger</u> Age last birthday <u>45</u> Racial origin <u>English Ontario</u> Birth-place Occupation <u>laborer</u>	
MOTHER Full maiden name <u>Rose William Barnes</u> Usual residence <u>Shamesford</u> Age last birthday <u>21</u> Racial origin <u>English Ontario</u> Birth-place Number of children including this one <u>Living 2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties		MOTHER Full maiden name <u>Marjorie Wilson</u> Usual residence <u>Sanger</u> Age last birthday <u>17</u> Racial origin <u>Irish Ontario</u> Birth-place Number of children including this one <u>Living 0</u> dead <u>0</u> Still-born <u>1</u> Occupation, if other than household duties		MOTHER Full maiden name <u>Elsie Maud Millett</u> Usual residence <u>Sanger</u> Age last birthday <u>34</u> Racial origin <u>English England</u> Birth-place Number of children including this one <u>Living 1</u> dead <u>1</u> Still-born <u>1</u> Occupation, if other than household duties	
Name of informant <u>Eda C. Hedges</u>		Name of informant <u>J. P. Wilson</u>		Name of informant <u>Eda C. Hedges</u>	
Address <u>Sanger</u>		Address <u>Sanger</u>		Address <u>Sanger</u>	
Name of Physician in attendance <u>Dr. Cornish</u>		Name of Physician in attendance <u>Dr. Cornish</u>		Name of Physician in attendance <u>Dr. Cornish</u>	
Date of receipt of Physician's notice <u>Apr 25th 1926</u> Date of receipt of parent's registration <u>Apr 25th 1926</u>		Date of receipt of Physician's notice <u>May 1st 1925</u> Date of receipt of parent's registration <u>May 1st 1925</u>		Date of receipt of Physician's notice <u>Apr 21st 1926</u> Date of receipt of parent's registration <u>Apr 21st 1926</u>	

I hereby certify that the above are correct registrations of Births filed with me during the month of Apr 21st May 1926



# BIRTHS

Margaret Elizabeth Lattor, Richard Lattor, Margaret Mary Robinson, Elizabeth Turner, William Daniel Turner, Jessie Alice Mackenzie, John Gordon Bruce, John Emily Wootton Wootton, Edward Arthur Russell Underwood, Sidney Horace Underwood, Venette Lydia Rowland, Marjorie Alice White, Charles Cyril Frederick White, Myrtle Mae Noe, Marjorie Darcia Smith, Frederick Francis Smith, Lily Dyeth

County of Jefferson

Division of Superior

No. 4	No. 5	No. 6
<p>Street and Number of Con. and Lot (If in hospital, give name instead of street)</p> <p>Surname <u>Lattor</u></p> <p>Given names in full <u>Margaret Elizabeth</u></p> <p>Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>April 25th 1926</u></p> <p>Place of Parents' Marriage <u>—</u></p> <p>Date of Marriage <u>—</u></p>	<p>Street and Number of Con. and Lot (If in hospital, give name instead of street)</p> <p>Surname <u>Bruce</u></p> <p>Given names in full <u>John Gordon</u></p> <p>Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>April 25th 1926</u></p> <p>Place of Parents' Marriage <u>Evansville</u></p> <p>Date of Marriage <u>June 7th 1926</u></p>	<p>Street and Number of Con. and Lot (If in hospital, give name instead of street)</p> <p>Surname <u>White</u></p> <p>Given names in full <u>Myrtle Alice</u></p> <p>Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>April 25th 1926</u></p> <p>Place of Parents' Marriage <u>Evansville</u></p> <p>Date of Marriage <u>May 2nd 1926</u></p>
<p><b>FATHER</b></p> <p>Full name <u>Richard Lattor</u> Age last birthday <u>45</u></p> <p>Usual residence <u>Jefferson</u></p> <p>Racial origin <u>English</u> Birth <u>England</u></p> <p>Trade or Profession <u>machinist</u></p> <p>Kind of industry or business in which employed <u>Machine Shop</u></p>	<p><b>FATHER</b></p> <p>Full name <u>John Gordon Bruce</u> Age last birthday <u>34</u></p> <p>Usual residence <u>Evansville</u></p> <p>Racial origin <u>Scottish</u> Birth <u>Scotland</u></p> <p>Trade or Profession <u>farmer</u></p> <p>Kind of industry or business in which employed <u>—</u></p>	<p><b>FATHER</b></p> <p>Full name <u>Christopher Frederick White</u> Age last birthday <u>29</u></p> <p>Usual residence <u>Evansville</u></p> <p>Racial origin <u>English</u> Birth <u>Scotland</u></p> <p>Trade or Profession <u>Office Work</u></p> <p>Kind of industry or business in which employed <u>Mail Order</u></p>
<p><b>MOTHER</b></p> <p>Full maiden name <u>May Robinson</u> Age last birthday <u>42</u></p> <p>Usual residence <u>Jefferson</u></p> <p>Racial origin <u>English</u> Birth <u>England</u></p> <p>Number of children including this one living <u>10</u> dead <u>0</u> still born <u>0</u></p> <p>Occupation, if other than household duties <u>—</u></p>	<p><b>MOTHER</b></p> <p>Full maiden name <u>Emily Underwood</u> Age last birthday <u>30</u></p> <p>Usual residence <u>Evansville</u></p> <p>Racial origin <u>English</u> Birth <u>England</u></p> <p>Number of children including this one living <u>5</u> dead <u>0</u> still born <u>1</u></p> <p>Occupation, if other than household duties <u>—</u></p>	<p><b>MOTHER</b></p> <p>Full maiden name <u>Myrtle May Noe</u> Age last birthday <u>23</u></p> <p>Usual residence <u>Evansville</u></p> <p>Racial origin <u>English</u> Birth <u>Scotland</u></p> <p>Number of children including this one living <u>3</u> dead <u>—</u> still born <u>1</u></p> <p>Occupation, if other than household duties <u>—</u></p>
<p>Name of informant <u>Ada E. Hedges</u></p> <p>Address <u>Evansville</u></p> <p>Name of Physician in attendance <u>D. Macdonald</u></p> <p>Date of receipt of Physician's notice <u>April 25th 1926</u> Date of receipt of parent's registration <u>May 7th 1926</u></p>	<p>Name of informant <u>Ada E. Hedges</u></p> <p>Address <u>Evansville</u></p> <p>Name of Physician in attendance <u>D. Larnish</u></p> <p>Date of receipt of Physician's notice <u>April 25th 1926</u> Date of receipt of parent's registration <u>May 7th 1926</u></p>	<p>Name of informant <u>Myrtle White</u></p> <p>Address <u>Evansville</u></p> <p>Name of Physician in attendance <u>D. Macdonald</u></p> <p>Date of receipt of Physician's notice <u>April 25th 1926</u> Date of receipt of parent's registration <u>May 7th 1926</u></p>
<p>No. 7</p> <p>Street and Number of Con. and Lot (If in hospital, give name instead of street)</p> <p>Surname <u>Turner</u></p> <p>Given names in full <u>Marjorie Marina</u></p> <p>Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>April 25th 1926</u></p> <p>Place of Parents' Marriage <u>Evansville</u></p> <p>Date of Marriage <u>July 25th 1927</u></p>	<p>No. 8</p> <p>Street and Number of Con. and Lot (If in hospital, give name instead of street)</p> <p>Surname <u>Underwood</u></p> <p>Given names in full <u>Edward Arthur Russell</u></p> <p>Sex (M. or F.) <u>M</u> Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>May 2nd 1926</u></p> <p>Place of Parents' Marriage <u>Evansville</u></p> <p>Date of Marriage <u>July 1st 1926</u></p>	<p>No. 9</p> <p>Street and Number of Con. and Lot (If in hospital, give name instead of street)</p> <p>Surname <u>Binick</u></p> <p>Given names in full <u>Marjorie Darcia</u></p> <p>Sex (M. or F.) <u>F</u> Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>May 4th 1926</u></p> <p>Place of Parents' Marriage <u>Evansville</u></p> <p>Date of Marriage <u>May 18th 1926</u></p>
<p><b>FATHER</b></p> <p>Full name <u>William Daniel Turner</u> Age last birthday <u>37</u></p> <p>Usual residence <u>Evansville</u></p> <p>Racial origin <u>English</u> Birth <u>England</u></p> <p>Trade or Profession <u>Person Make</u></p> <p>Kind of industry or business in which employed <u>—</u></p>	<p><b>FATHER</b></p> <p>Full name <u>Samuel Horace Underwood</u> Age last birthday <u>30</u></p> <p>Usual residence <u>Evansville</u></p> <p>Racial origin <u>English</u> Birth <u>England</u></p> <p>Trade or Profession <u>Merchant</u></p> <p>Kind of industry or business in which employed <u>Shoes</u></p>	<p><b>FATHER</b></p> <p>Full name <u>Frank James Binick</u> Age last birthday <u>31</u></p> <p>Usual residence <u>Evansville</u></p> <p>Racial origin <u>English</u> Birth <u>England</u></p> <p>Trade or Profession <u>Milk Dip</u></p> <p>Kind of industry or business in which employed <u>—</u></p>
<p><b>MOTHER</b></p> <p>Full maiden name <u>Jessie Alice Mackenzie</u> Age last birthday <u>26</u></p> <p>Usual residence <u>Evansville</u></p> <p>Racial origin <u>English</u> Birth <u>England</u></p> <p>Number of children including this one living <u>3</u> dead <u>0</u> still born <u>1</u></p> <p>Occupation, if other than household duties <u>—</u></p>	<p><b>MOTHER</b></p> <p>Full maiden name <u>Venette Lydia Rowland</u> Age last birthday <u>28</u></p> <p>Usual residence <u>Evansville</u></p> <p>Racial origin <u>English</u> Birth <u>England</u></p> <p>Number of children including this one living <u>2</u> dead <u>0</u> still born <u>0</u></p> <p>Occupation, if other than household duties <u>—</u></p>	<p><b>MOTHER</b></p> <p>Full maiden name <u>Lily Dyeth</u> Age last birthday <u>30</u></p> <p>Usual residence <u>Evansville</u></p> <p>Racial origin <u>English</u> Birth <u>England</u></p> <p>Number of children including this one living <u>4</u> dead <u>1</u> still born <u>0</u></p> <p>Occupation, if other than household duties <u>—</u></p>
<p>Name of informant <u>Wm. Turner</u></p> <p>Address <u>Evansville</u></p> <p>Name of Physician in attendance <u>D. Larnish</u></p> <p>Date of receipt of Physician's notice <u>April 25th 1926</u> Date of receipt of parent's registration <u>May 9th 1926</u></p>	<p>Name of informant <u>S. H. Underwood</u></p> <p>Address <u>Evansville</u></p> <p>Name of Physician in attendance <u>D. Larnish</u></p> <p>Date of receipt of Physician's notice <u>May 9th 1926</u> Date of receipt of parent's registration <u>May 24th 1926</u></p>	<p>Name of informant <u>Fred Binick</u></p> <p>Address <u>Evansville</u></p> <p>Name of Physician in attendance <u>D. Macdonald</u></p> <p>Date of receipt of Physician's notice <u>—</u> Date of receipt of parent's registration <u>May 24th 1926</u></p>

I hereby certify that the above are correct registrations of Births filed with me during the month of May 1926.

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

Irene Lewis, John Macdonald, Desmond, Lawrence, Peter, Thomas, Mary Louise, Tomlinson, Warren, James, Tomlinson, Nellie Elizabeth, Patterson, Norma Witty, Frank Witty, Abbie Louise, Cuthbert

County of Alfred

Division of Ingersoll

THIS SPACE TO BE RESERVED FOR BINDING

No. 15		No. 1		No. 2	
Street and Number of Con. and Lot <u>155 Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number of Con. and Lot <u>155 Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number of Con. and Lot <u>155 Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Dodd</u>		Surname <u>Desmond</u>		Surname <u>Lamberson</u>	
Given names in full <u>Anna Henry</u>		Given names in full <u>John Macdonald</u>		Given names in full <u>Reta Mae</u>	
Sex (M. or F.) <u>M</u>		Sex (M. or F.) <u>M</u>		Sex (M. or F.) <u>F</u>	
Twin or Triplet <u>No</u>		Twin or Triplet <u>No</u>		Twin or Triplet <u>No</u>	
Was child born alive? <u>Yes</u>		Was child born alive? <u>Yes</u>		Was child born alive? <u>Yes</u>	
Date of Birth <u>May 24 1926</u>		Date of Birth <u>May 24 1926</u>		Date of Birth <u>May 24 1926</u>	
Place of Parents' Marriage <u>Illinois</u>		Place of Parents' Marriage <u>Ingersoll</u>		Place of Parents' Marriage <u>Illinois</u>	
Date of Marriage <u>Sept 30 1919</u>		Date of Marriage <u>June 29 1925</u>		Date of Marriage <u>July 10 1910</u>	
Full name <u>Henry Dodd</u>		Full name <u>Lawrence Desmond</u>		Full name <u>James Lamberson</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Shedden</u>	
Age last birthday <u>29</u>		Age last birthday <u>37</u>		Age last birthday <u>43</u>	
Racial origin <u>English</u>		Racial origin <u>Canadian</u>		Racial origin <u>English</u>	
Birth place <u>Ontario</u>		Birth place <u>Ontario</u>		Birth place <u>Ontario</u>	
Trade or Profession <u>Labourer</u>		Trade or Profession <u>Mechanic</u>		Trade or Profession <u>Farmer</u>	
Kind of industry or business in which employed <u>-</u>		Kind of industry or business in which employed <u>Ice Company</u>		Kind of industry or business in which employed <u>Farming</u>	
Full maiden name <u>Ella Pike</u>		Full maiden name <u>Marie Macdonald</u>		Full maiden name <u>Nellie Elizabeth Patterson</u>	
Usual residence <u>Ingersoll</u>		Usual residence <u>Ingersoll</u>		Usual residence <u>Shedden</u>	
Age last birthday <u>36</u>		Age last birthday <u>27</u>		Age last birthday <u>44</u>	
Racial origin <u>English</u>		Racial origin <u>Canadian</u>		Racial origin <u>Scottish</u>	
Birth place <u>Ontario</u>		Birth place <u>Ingersoll</u>		Birth place <u>Ontario</u>	
Number of children including this one <u>4</u> living <u>0</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one <u>4</u> living <u>0</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one <u>6</u> living <u>0</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of informant <u>Henry W. Dodd</u>		Name of informant <u>L. S. Desmond</u>		Name of informant <u>Ada L. Hedges</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Miller</u>	
Date of receipt of Physician's notice <u>May 26</u>		Date of receipt of Physician's notice <u>May 26</u>		Date of receipt of Physician's notice <u>June 26</u>	
Date of receipt of parent's registration <u>June 26</u>		Date of receipt of parent's registration <u>June 26</u>		Date of receipt of parent's registration <u>June 26</u>	
No. <u>3</u>		No. <u>4</u>		No. <u>5</u>	
Street and Number of Con. and Lot <u>155 Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number of Con. and Lot <u>155 Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number of Con. and Lot <u>155 Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Brown</u>		Surname <u>Dille</u>		Surname <u>Witty</u>	
Given names in full <u>Abigail Irene</u>		Given names in full <u>Mary Louise</u>		Given names in full <u>Norma Jean</u>	
Sex (M. or F.) <u>F</u>		Sex (M. or F.) <u>F</u>		Sex (M. or F.) <u>F</u>	
Twin or Triplet <u>No</u>		Twin or Triplet <u>No</u>		Twin or Triplet <u>No</u>	
Was child born alive? <u>Yes</u>		Was child born alive? <u>Yes</u>		Was child born alive? <u>Yes</u>	
Date of Birth <u>May 24 1926</u>		Date of Birth <u>June 24 1926</u>		Date of Birth <u>June 24 1926</u>	
Place of Parents' Marriage <u>Ingersoll</u>		Place of Parents' Marriage <u>Ingersoll</u>		Place of Parents' Marriage <u>London</u>	
Date of Marriage <u>July 14 1925</u>		Date of Marriage <u>Nov 10 1910</u>		Date of Marriage <u>Sept 10 1923</u>	
Full name <u>Robert Small Brown</u>		Full name <u>Thomas Frank Dille</u>		Full name <u>Frank Witty</u>	
Usual residence <u>North Alfred</u>		Usual residence <u>Awan</u>		Usual residence <u>Shedden</u>	
Age last birthday <u>27</u>		Age last birthday <u>35</u>		Age last birthday <u>23</u>	
Racial origin <u>Scottish</u>		Racial origin <u>English</u>		Racial origin <u>English</u>	
Birth place <u>Ontario</u>		Birth place <u>England</u>		Birth place <u>England</u>	
Trade or Profession <u>Farmer</u>		Trade or Profession <u>Farmer</u>		Trade or Profession <u>Farmer</u>	
Kind of industry or business in which employed <u>Farming</u>		Kind of industry or business in which employed <u>Farming</u>		Kind of industry or business in which employed <u>Farming</u>	
Full maiden name <u>Belma Irene Brown</u>		Full maiden name <u>Mina Leigh</u>		Full maiden name <u>Abbie Louise Cuthbert</u>	
Usual residence <u>North Alfred</u>		Usual residence <u>Awan</u>		Usual residence <u>Shedden</u>	
Age last birthday <u>27</u>		Age last birthday <u>34</u>		Age last birthday <u>21</u>	
Racial origin <u>English</u>		Racial origin <u>English</u>		Racial origin <u>Scottish</u>	
Birth place <u>Ontario</u>		Birth place <u>England</u>		Birth place <u>Ontario</u>	
Number of children including this one <u>1</u> living <u>0</u> dead <u>0</u> Still-born <u>0</u>		Number of children including this one <u>4</u> living <u>0</u> dead <u>2</u> Still-born <u>0</u>		Number of children including this one <u>2</u> living <u>0</u> dead <u>0</u> Still-born <u>0</u>	
Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>		Occupation, if other than household duties <u>-</u>	
Name of informant <u>Robt Brown</u>		Name of informant <u>S. J. Dille</u>		Name of informant <u>Ada L. Hedges</u>	
Address <u>Ingersoll R.R. 3</u>		Address <u>Awan</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Carrish</u>		Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Miller</u>	
Date of receipt of Physician's notice <u>May 26</u>		Date of receipt of Physician's notice <u>June 26</u>		Date of receipt of Physician's notice <u>June 26</u>	
Date of receipt of parent's registration <u>June 26</u>		Date of receipt of parent's registration <u>June 26</u>		Date of receipt of parent's registration <u>June 19 26</u>	

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1926



# BIRTHS

biagio, aquila biagio, danzela carmelo carmela; anna maurice, tom maurice, shenich, rita ione foulds, elwood norman foulds, muriel rhoda smith, audrey marie thompson, william john thompson, ruby myrtle smith, helen louise sutherland, arthur james sutherland, mable irene cove

County of Alford Division of Sugarcreek

No. 6	No. 7	No. 1
<p>Street and Number or Con. and Loc. <u>Washburne</u> (If in hospital, give name instead of street)</p> <p>Surname <u>Keall</u></p> <p>Given names in full <u>Margaret Naomi</u></p> <p>Sex (M. or F.) <u>F</u>   Trade or Triplet   Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>June 10th 1926</u></p> <p>Place of Parents' Marriage <u>Washburne</u></p> <p>Date of Marriage <u>Nov 29th 1926</u></p>	<p>Street and Number or Con. and Loc. <u>Ball Street</u> (If in hospital, give name instead of street)</p> <p>Surname <u>Maurice</u></p> <p>Given names in full <u>Anna</u></p> <p>Sex (M. or F.) <u>M</u>   Trade or Triplet   Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>June 25th 1926</u></p> <p>Place of Parents' Marriage <u>Roumania</u></p> <p>Date of Marriage <u>Aug 1907</u></p>	<p>Street and Number or Con. and Loc. <u>Washing Street</u> (If in hospital, give name instead of street)</p> <p>Surname <u>Thompson</u></p> <p>Given names in full <u>Audrey Marie</u></p> <p>Sex (M. or F.) <u>F</u>   Trade or Triplet   Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>June 20th 1926</u></p> <p>Place of Parents' Marriage <u>Sugarcreek</u></p> <p>Date of Marriage <u>Sept 4th 1918</u></p>
<p>FATHER: Full name <u>Michael Jeffrey Keall</u>   Age last birthday <u>35</u></p> <p>Usual residence <u>Sugarcreek</u></p> <p>Racial origin <u>English</u>   Birth place <u>Ontario</u></p> <p>Trade or Profession <u>Electrician</u></p> <p>Kind of industry or business in which employed <u>Commission</u></p>	<p>FATHER: Full name <u>Sam Maurice</u>   Age last birthday <u>49</u></p> <p>Usual residence <u>Sugarcreek</u></p> <p>Racial origin <u>Roumanian</u>   Birth place <u>Roumania</u></p> <p>Trade or Profession <u>Labourer</u></p> <p>Kind of industry or business in which employed <u>-</u></p>	<p>FATHER: Full name <u>William John Thompson</u>   Age last birthday <u>57</u></p> <p>Usual residence <u>Sugarcreek</u></p> <p>Racial origin <u>English</u>   Birth place <u>Ontario</u></p> <p>Trade or Profession <u>Finisher</u></p> <p>Kind of industry or business in which employed <u>Furniture</u></p>
<p>MOTHER: Full maiden name <u>Jane Isabel Brier</u>   Age last birthday <u>37</u></p> <p>Usual residence <u>Sugarcreek</u></p> <p>Racial origin <u>English</u>   Birth place <u>Ontario</u></p> <p>Number of children including this one living <u>4</u>   dead <u>0</u>   Still born <u>0</u></p> <p>Occupation, if other than household duties <u>-</u></p>	<p>MOTHER: Full maiden name <u>Rosie Shuch</u>   Age last birthday <u>34</u></p> <p>Usual residence <u>Sugarcreek</u></p> <p>Racial origin <u>Roumanian</u>   Birth place <u>Roumania</u></p> <p>Number of children including this one living <u>10</u>   dead <u>2</u>   Still born <u>0</u></p> <p>Occupation, if other than household duties <u>-</u></p>	<p>MOTHER: Full maiden name <u>Audrey Myrtle Smith</u>   Age last birthday <u>35</u></p> <p>Usual residence <u>Sugarcreek</u></p> <p>Racial origin <u>English</u>   Birth place <u>Ontario</u></p> <p>Number of children including this one living <u>2</u>   dead <u>1</u>   Still born <u>0</u></p> <p>Occupation, if other than household duties <u>-</u></p>
<p>Name of Informant <u>H. B. Keall</u></p> <p>Address <u>Sugarcreek</u></p> <p>Name of Physician in attendance <u>Dr. Cornish</u></p> <p>Date of receipt of Physician's notice <u>June 20th 1926</u>   Date of receipt of parents' registration <u>June 29th 1926</u></p>	<p>Name of Informant <u>Sam Maurice</u></p> <p>Address <u>Sugarcreek</u></p> <p>Name of Physician in attendance <u>Dr. Cornish</u></p> <p>Date of receipt of Physician's notice <u>June 25th 1926</u>   Date of receipt of parents' registration <u>June 29th 1926</u></p>	<p>Name of Informant <u>Wm. J. Thompson</u></p> <p>Address <u>Sugarcreek</u></p> <p>Name of Physician in attendance <u>Dr. Cornish</u></p> <p>Date of receipt of Physician's notice <u>June 20th 1926</u>   Date of receipt of parents' registration <u>July 6th 1926</u></p>
<p>Street and Number or Con. and Loc. <u>Washburne</u> (If in hospital, give name instead of street)</p> <p>Surname <u>Biagio</u></p> <p>Given names in full <u>Suzanne Marie</u></p> <p>Sex (M. or F.) <u>F</u>   Trade or Triplet   Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>July 2nd 1926</u></p> <p>Place of Parents' Marriage <u>Sisily</u></p> <p>Date of Marriage <u>1906</u></p>	<p>Street and Number or Con. and Loc. <u>Mutual Street</u> (If in hospital, give name instead of street)</p> <p>Surname <u>Fields</u></p> <p>Given names in full <u>Mable Jane</u></p> <p>Sex (M. or F.) <u>F</u>   Trade or Triplet   Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>St. Thomas</u> +</p> <p>Place of Parents' Marriage <u>June 10th 1926</u> +</p> <p>Date of Marriage <u>Nov 29th 1926</u></p>	<p>Street and Number or Con. and Loc. <u>Henry Street</u> (If in hospital, give name instead of street)</p> <p>Surname <u>Sutherland</u></p> <p>Given names in full <u>Mable Irene</u></p> <p>Sex (M. or F.) <u>F</u>   Trade or Triplet   Was child born alive? <u>Yes</u></p> <p>Date of Birth <u>June 12th 1926</u></p> <p>Place of Parents' Marriage <u>Sugarcreek</u></p> <p>Date of Marriage <u>Mar 24th 1920</u></p>
<p>FATHER: Full name <u>Aquila Biagio</u>   Age last birthday <u>39</u></p> <p>Usual residence <u>Sugarcreek</u></p> <p>Racial origin <u>Italian</u>   Birth place <u>Italy</u></p> <p>Trade or Profession <u>Merchant</u></p> <p>Kind of industry or business in which employed <u>Fruit</u></p>	<p>FATHER: Full name <u>Edward Herman Fields</u>   Age last birthday <u>27</u></p> <p>Usual residence <u>Sugarcreek</u></p> <p>Racial origin <u>English</u>   Birth place <u>Ontario</u></p> <p>Trade or Profession <u>Alphalater</u></p> <p>Kind of industry or business in which employed <u>Furniture</u></p>	<p>FATHER: Full name <u>William John Sutherland</u>   Age last birthday <u>27</u></p> <p>Usual residence <u>Sugarcreek</u></p> <p>Racial origin <u>Scottish</u>   Birth place <u>Ontario</u></p> <p>Trade or Profession <u>Seaman</u></p> <p>Kind of industry or business in which employed <u>Seaming</u></p>
<p>MOTHER: Full maiden name <u>Danzela Carmela</u>   Age last birthday <u>34</u></p> <p>Usual residence <u>Sugarcreek</u></p> <p>Racial origin <u>Italian</u>   Birth place <u>Italy</u></p> <p>Number of children including this one living <u>3</u>   dead <u>1</u>   Still born <u>0</u></p> <p>Occupation, if other than household duties <u>-</u></p>	<p>MOTHER: Full maiden name <u>Muriel Rhoda Smith</u>   Age last birthday <u>25</u></p> <p>Usual residence <u>Sugarcreek</u></p> <p>Racial origin <u>Scottish</u>   Birth place <u>Ontario</u></p> <p>Number of children including this one living <u>4</u>   dead <u>0</u>   Still born <u>0</u></p> <p>Occupation, if other than household duties <u>-</u></p>	<p>MOTHER: Full maiden name <u>Mable Irene Case</u>   Age last birthday <u>26</u></p> <p>Usual residence <u>Sugarcreek</u></p> <p>Racial origin <u>English</u>   Birth place <u>Ontario</u></p> <p>Number of children including this one living <u>3</u>   dead <u>1</u>   Still born <u>0</u></p> <p>Occupation, if other than household duties <u>-</u></p>
<p>Name of Informant <u>Aquila Biagio</u></p> <p>Address <u>Sugarcreek</u></p> <p>Name of Physician in attendance <u>Dr. Williams</u></p> <p>Date of receipt of Physician's notice <u>July 2nd 1926</u>   Date of receipt of parents' registration <u>July 6th 1926</u></p>	<p>Name of Informant <u>Edward Fields</u></p> <p>Address <u>Sugarcreek</u></p> <p>Name of Physician in attendance <u>Dr. Williams</u></p> <p>Date of receipt of Physician's notice <u>June 10th 1926</u>   Date of receipt of parents' registration <u>July 6th 1926</u></p>	<p>Name of Informant <u>W. J. Sutherland</u></p> <p>Address <u>Sugarcreek</u></p> <p>Name of Physician in attendance <u>Dr. Cornish</u></p> <p>Date of receipt of Physician's notice <u>June 12th 1926</u>   Date of receipt of parents' registration <u>July 9th 1926</u></p>

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1926



# BIRTHS

County of DeKalb

Division of Registration

born to Kenneth Freel, Alexander Freel, Ethel Marguerite Freel, Robert Turner, Charles Edward Turner, Teresa Agnes McNamee, Doris Irene Boniface, Alfred Boniface, Mary Edith Ellen Combs, Diana Erskine, Harley Wilson Laird, Dorothy Erskine Thoms

THIS SPACE TO BE RESERVED FOR BINDING

No. 5		No. 6		No. 7	
Street and Number of Con. and Lot <u>Madeline</u> <small>(If in hospital, give name instead of street)</small>		Street and Number of Con. and Lot <u>Madeline</u> <small>(If in hospital, give name instead of street)</small>		Street and Number of Con. and Lot <u>Madeline</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Shampron</u>		Surname <u>Freel</u>		Surname <u>Boniface</u>	
Given names in full <u>Joyce Marie</u>		Given names in full <u>George Kenneth</u>		Given names in full <u>Doris Irene</u>	
Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>
Date of Birth <u>June 25th 1926</u>		Date of Birth <u>June 29th 1926</u>		Date of Birth <u>June 25th 1926</u>	
Place of Parents' Marriage <u>Ingersoll</u>		Place of Parents' Marriage <u>London</u>		Place of Parents' Marriage <u>Ingersoll</u>	
Date of Marriage <u>July 15th 1923</u>		Date of Marriage <u>July 30th 1926</u>		Date of Marriage <u>July 26th 1919</u>	
Full name <u>Henry Anderson Shampron</u>		Full name <u>William Alexander Freel</u>		Full name <u>Alfred Boniface</u>	
Usual residence <u>London</u>	Age last birthday <u>32</u>	Usual residence <u>Sharnford</u>	Age last birthday <u>23</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>32</u>
Racial origin <u>English</u>	Birth-place <u>England</u>	Racial origin <u>English</u>	Birth-place <u>Ontario</u>	Racial origin <u>English</u>	Birth-place <u>England</u>
Trade or Profession <u>Farmer</u>	Kind of industry or business in which employed <u>Farming</u>	Trade or Profession <u>Farmer</u>	Kind of industry or business in which employed <u>Farming</u>	Trade or Profession <u>Farmer</u>	Kind of industry or business in which employed <u>Milk Farming</u>
Full maiden name <u>Mabel Mary Keating</u>		Full maiden name <u>Margaret McNamee</u>		Full maiden name <u>Edith Ellen Combs</u>	
Usual residence <u>London</u>	Age last birthday <u>24</u>	Usual residence <u>London</u>	Age last birthday <u>22</u>	Usual residence <u>Ingersoll</u>	Age last birthday <u>30</u>
Racial origin <u>German</u>	Birth-place <u>Ontario</u>	Racial origin <u>English</u>	Birth-place <u>Ontario</u>	Racial origin <u>English</u>	Birth-place <u>England</u>
Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>
Name of Informant <u>Alab C. Hedges</u>		Name of Informant <u>Alab C. Hedges</u>		Name of Informant <u>Ms. A. Boniface</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. Rogers</u>		Name of Physician in attendance <u>Dr. Blair</u>		Name of Physician in attendance <u>Dr. Williams</u>	
Date of receipt of Physician's notice <u>July 29th 1926</u>	Date of receipt of parent's registration <u>July 19th 1926</u>	Date of receipt of Physician's notice <u>June 29th 1926</u>	Date of receipt of parent's registration <u>July 19th 1926</u>	Date of receipt of Physician's notice <u>June 25th 1926</u>	Date of receipt of parent's registration <u>July 15th 1926</u>
No. <u>8</u>		No. <u>9</u>		No. <u>10</u>	
Street and Number of Con. and Lot <u>Madeline</u> <small>(If in hospital, give name instead of street)</small>		Street and Number of Con. and Lot <u>Bell Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number of Con. and Lot <u>Madeline</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Madeline</u>		Surname <u>Turner</u>		Surname <u>Haird</u>	
Given names in full <u>Norman Eugene</u>		Given names in full <u>Mona Margaret</u>		Given names in full <u>Diana Erskine</u>	
Sex (M. or F.) <u>M</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet <u>No</u>
Date of Birth <u>July 28th 1926</u>		Date of Birth <u>July 1st 1926</u>		Date of Birth <u>July 11th 1926</u>	
Place of Parents' Marriage <u>Woodstock</u>		Place of Parents' Marriage <u>Wassette</u>		Place of Parents' Marriage <u>Ingersoll</u>	
Date of Marriage <u>July 17th 1927</u>		Date of Marriage <u>Oct 22nd 1919</u>		Date of Marriage <u>Aug 29th 1926</u>	
Full name <u>Anthony Madeline</u>		Full name <u>Charles Edward Turner</u>		Full name <u>Harley Wilson Haird</u>	
Usual residence <u>West DeKalb</u>	Age last birthday <u>33</u>	Usual residence <u>Winham Centre</u>	Age last birthday <u>36</u>	Usual residence <u>Detroit</u>	Age last birthday <u>34</u>
Racial origin <u>Italian</u>	Birth-place <u>Italy</u>	Racial origin <u>Irish</u>	Birth-place <u>Ireland</u>	Racial origin <u>English</u>	Birth-place <u>Ontario</u>
Trade or Profession <u>Labourer</u>	Kind of industry or business in which employed <u>Wannier</u>	Trade or Profession <u>Geographer</u>	Kind of industry or business in which employed <u>Station Agent</u>	Trade or Profession <u>Barber</u>	Kind of industry or business in which employed <u>Bank</u>
Full maiden name <u>Mary Victoria Mole</u>		Full maiden name <u>Elizabeth McNamee</u>		Full maiden name <u>Dorothy Erskine Thomas</u>	
Usual residence <u>West DeKalb</u>	Age last birthday <u>26</u>	Usual residence <u>Winham Centre</u>	Age last birthday <u>33</u>	Usual residence <u>Detroit</u>	Age last birthday <u>28</u>
Racial origin <u>English</u>	Birth-place <u>Ontario</u>	Racial origin <u>Irish</u>	Birth-place <u>Ontario</u>	Racial origin <u>Welsh</u>	Birth-place <u>Ontario</u>
Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Number of children including this one <u>3</u> living <u>2</u> dead <u>1</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>	Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> still-born <u>0</u>	Occupation, if other than household duties <u>-</u>
Name of Informant <u>Alab C. Hedges</u>		Name of Informant <u>Ms. Chas. E. Turner</u>		Name of Informant <u>Myra Calvert</u>	
Address <u>Ingersoll</u>		Address <u>Winham Centre</u>		Address <u>Dorchester</u>	
Name of Physician in attendance <u>Dr. Cornish</u>		Name of Physician in attendance <u>Dr. Ferguson</u>		Name of Physician in attendance <u>Dr. Cornish</u>	
Date of receipt of Physician's notice <u>July 29th 1926</u>	Date of receipt of parent's registration <u>July 17th 1926</u>	Date of receipt of Physician's notice <u>July 1st 1926</u>	Date of receipt of parent's registration <u>July 1st 1926</u>	Date of receipt of Physician's notice <u>July 11th 1926</u>	Date of receipt of parent's registration <u>July 29th 1926</u>

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1926



# BIRTHS

County of Alameda

Division of Ingersoll

No. 11		No. 12		No. 13	
<p><b>Full name of child</b> <u>Benjamin Madeline</u> <small>(If in hospital, give name of street)</small></p>		<p><b>Full name of child</b> <u>Barbara Alice</u> <small>(If in hospital, give name of street)</small></p>		<p><b>Full name of child</b> <u>Kathleen Elizabeth</u> <small>(If in hospital, give name of street)</small></p>	
<p><b>Surname</b> <u>Benjamin</u></p>		<p><b>Surname</b> <u>Senior</u></p>		<p><b>Surname</b> <u>Senior</u></p>	
<p><b>Given names in full</b> <u>Benjamin Madeline</u></p>		<p><b>Given names in full</b> <u>Barbara Alice</u></p>		<p><b>Given names in full</b> <u>Kathleen Elizabeth</u></p>	
<p><b>Sex (M. or F.)</b> <u>M</u> <small>Was child born alive? <u>Yes</u></small></p>		<p><b>Sex (M. or F.)</b> <u>F</u> <small>Was child born alive? <u>Yes</u></small></p>		<p><b>Sex (M. or F.)</b> <u>F</u> <small>Was child born alive? <u>Yes</u></small></p>	
<p><b>Date of Birth</b> <u>July 14th 1926</u></p>		<p><b>Date of Birth</b> <u>July 14th 1926</u></p>		<p><b>Date of Birth</b> <u>July 14th 1926</u></p>	
<p><b>Place of Parents' Marriage</b> <u>London</u></p>		<p><b>Place of Parents' Marriage</b> <u>Ingersoll</u></p>		<p><b>Place of Parents' Marriage</b> <u>Ingersoll</u></p>	
<p><b>Date of Marriage</b> <u>August 1926</u></p>		<p><b>Date of Marriage</b> <u>Sept 1st 1922</u></p>		<p><b>Date of Marriage</b> <u>Sept 1st 1922</u></p>	
<p><b>FATHER</b> <b>Full name</b> <u>Donald Mackenzie Benjamin</u> <b>Usual residence</b> <u>Beachville</u> <small>Age last birthday <u>32</u></small> <b>Racial origin</b> <u>English Ontario</u></p>		<p><b>FATHER</b> <b>Full name</b> <u>Donald Cecil Senior</u> <b>Usual residence</b> <u>Yorker</u> <small>Age last birthday <u>30</u></small> <b>Racial origin</b> <u>Scott Irish Ontario</u></p>		<p><b>FATHER</b> <b>Full name</b> <u>Donald Cecil Senior</u> <b>Usual residence</b> <u>Yorker</u> <small>Age last birthday <u>30</u></small> <b>Racial origin</b> <u>Scott Irish Ontario</u></p>	
<p><b>MOTHER</b> <b>Full name</b> <u>Marie Edna Kate</u> <b>Usual residence</b> <u>Beachville</u> <small>Age last birthday <u>28</u></small> <b>Racial origin</b> <u>English Ontario</u></p>		<p><b>MOTHER</b> <b>Full name</b> <u>Mathilda Elizabeth Withers</u> <b>Usual residence</b> <u>Yorker</u> <small>Age last birthday <u>27</u></small> <b>Racial origin</b> <u>Scott Ontario</u></p>		<p><b>MOTHER</b> <b>Full name</b> <u>Mathilda Elizabeth Withers</u> <b>Usual residence</b> <u>Yorker</u> <small>Age last birthday <u>30</u></small> <b>Racial origin</b> <u>Scott Ontario</u></p>	
<p><b>Trade or Profession</b> <u>Farmer</u> <b>Kind of industry or business in which employed</b> <u>Farming</u></p>		<p><b>Trade or Profession</b> <u>Manager</u> <b>Kind of industry or business in which employed</b> <u>Bank</u></p>		<p><b>Trade or Profession</b> <u>Manager</u> <b>Kind of industry or business in which employed</b> <u>Bank</u></p>	
<p><b>Name of informant</b> <u>Ada L. Madges</u></p>		<p><b>Name of informant</b> <u>Ada L. Madges</u></p>		<p><b>Name of informant</b> <u>Ada L. Madges</u></p>	
<p><b>Address</b> <u>Ingersoll</u></p>		<p><b>Address</b> <u>Ingersoll</u></p>		<p><b>Address</b> <u>Ingersoll</u></p>	
<p><b>Name of Physician in attendance</b> <u>Dr. Cornish</u></p>		<p><b>Name of Physician in attendance</b> <u>Dr. Cornish</u></p>		<p><b>Name of Physician in attendance</b> <u>Dr. Cornish</u></p>	
<p><b>Date of receipt of Physician's notice</b> <u>July 22nd 1926</u></p>		<p><b>Date of receipt of Physician's notice</b> <u>July 22nd 1926</u></p>		<p><b>Date of receipt of Physician's notice</b> <u>July 22nd 1926</u></p>	
<p><b>Street and Number or Cor. and Lot</b> <u>Small Street</u> <small>(If in hospital, give name instead of street)</small></p>		<p><b>Street and Number or Cor. and Lot</b> <u>King Street</u> <small>(If in hospital, give name instead of street)</small></p>		<p><b>Street and Number or Cor. and Lot</b> <u>King Street</u> <small>(If in hospital, give name instead of street)</small></p>	
<p><b>Surname</b> <u>Proculus</u></p>		<p><b>Surname</b> <u>Davies</u></p>		<p><b>Surname</b> <u>Wild</u></p>	
<p><b>Given names in full</b> <u>Margaret Ruelle</u></p>		<p><b>Given names in full</b> <u>Thelma Elizabeth</u></p>		<p><b>Given names in full</b> <u>Edward Bert</u></p>	
<p><b>Sex (M. or F.)</b> <u>F</u> <small>Was child born alive? <u>Yes</u></small></p>		<p><b>Sex (M. or F.)</b> <u>F</u> <small>Was child born alive? <u>Yes</u></small></p>		<p><b>Sex (M. or F.)</b> <u>M</u> <small>Was child born alive? <u>Yes</u></small></p>	
<p><b>Date of Birth</b> <u>July 7th 1926</u></p>		<p><b>Date of Birth</b> <u>July 13th 1926</u></p>		<p><b>Date of Birth</b> <u>July 21st 1926</u></p>	
<p><b>Place of Parents' Marriage</b> <u>Ingersoll</u></p>		<p><b>Place of Parents' Marriage</b> <u>London</u></p>		<p><b>Place of Parents' Marriage</b> <u>London</u></p>	
<p><b>Date of Marriage</b> <u>Apr 10th 1916</u></p>		<p><b>Date of Marriage</b> <u>Mar 29th 1924</u></p>		<p><b>Date of Marriage</b> <u>June 17th 1910</u></p>	
<p><b>FATHER</b> <b>Full name</b> <u>Robert Emerson Proculus</u> <b>Usual residence</b> <u>Ingersoll</u> <small>Age last birthday <u>57</u></small> <b>Racial origin</b> <u>English Ontario</u></p>		<p><b>FATHER</b> <b>Full name</b> <u>William James Davies</u> <b>Usual residence</b> <u>Ingersoll</u> <small>Age last birthday <u>26</u></small> <b>Racial origin</b> <u>English London</u></p>		<p><b>FATHER</b> <b>Full name</b> <u>William Henry Wild</u> <b>Usual residence</b> <u>Ingersoll</u> <small>Age last birthday <u>35</u></small> <b>Racial origin</b> <u>English Ontario</u></p>	
<p><b>MOTHER</b> <b>Full name</b> <u>May Ruelle</u> <b>Usual residence</b> <u>Ingersoll</u> <small>Age last birthday <u>33</u></small> <b>Racial origin</b> <u>Irish Ontario</u></p>		<p><b>MOTHER</b> <b>Full name</b> <u>Alberta Mae Smith</u> <b>Usual residence</b> <u>Ingersoll</u> <small>Age last birthday <u>25</u></small> <b>Racial origin</b> <u>English Ontario</u></p>		<p><b>MOTHER</b> <b>Full name</b> <u>C. Elizabeth Scott</u> <b>Usual residence</b> <u>Ingersoll</u> <small>Age last birthday <u>33</u></small> <b>Racial origin</b> <u>English Ontario</u></p>	
<p><b>Trade or Profession</b> <u>Business</u> <b>Kind of industry or business in which employed</b> <u>Hardware</u></p>		<p><b>Trade or Profession</b> <u>Labourer</u> <b>Kind of industry or business in which employed</b> <u>—</u></p>		<p><b>Trade or Profession</b> <u>Traveller</u> <b>Kind of industry or business in which employed</b> <u>Shoe</u></p>	
<p><b>Name of informant</b> <u>R. Proculus</u></p>		<p><b>Name of informant</b> <u>Mrs. Ernest Smith</u></p>		<p><b>Name of informant</b> <u>Bertie Wild</u></p>	
<p><b>Address</b> <u>Ingersoll</u></p>		<p><b>Address</b> <u>Ingersoll</u></p>		<p><b>Address</b> <u>Ingersoll</u></p>	
<p><b>Name of Physician in attendance</b> <u>Dr. Cornish</u></p>		<p><b>Name of Physician in attendance</b> <u>Dr. Cornish</u></p>		<p><b>Name of Physician in attendance</b> <u>Dr. Cornish</u></p>	
<p><b>Date of receipt of Physician's notice</b> <u>July 11th 1926</u></p>		<p><b>Date of receipt of Physician's notice</b> <u>July 22nd 1926</u></p>		<p><b>Date of receipt of Physician's notice</b> <u>July 22nd 1926</u></p>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1926.



# BIRTHS

John Gordon Caldwell Smith, Orwell Smith, Amy Ellen Caldwell Ellis, Edwin George Ellis, Mary Edith Gregg, William Edward Gill, Mildred Margaret Brown

County of Jefferson

Division of Register

No. 1			No. 2			No. 3		
Street and Number of Con. and Loc. <u>1014 S. Washburne</u> <small>(If in hospital, give name instead of street)</small>			Street and Number of Con. and Loc. <u>1014 S. Washburne</u> <small>(If in hospital, give name instead of street)</small>			Street and Number of Con. and Loc. <u>1014 S. Washburne</u> <small>(If in hospital, give name instead of street)</small>		
Surname <u>Male</u>			Surname <u>Chatterman</u>			Surname <u>Ellis</u>		
Given names in full <u>David Earl</u>			Given names in full <u>William Frederick</u>			Given names in full <u>Rosemary Louise</u>		
Sex (M. or F.) <u>M</u>	Twin or Triplet	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>F</u>	Twin or Triplet	Was child born alive? <u>Yes</u>
Date of Birth <u>July 22nd 1926</u>			Date of Birth <u>July 15th 1926</u>			Date of Birth <u>July 31st 1926</u>		
Place of Parents' Marriage <u>Illion</u>			Place of Parents' Marriage <u>Ingersoll</u>			Place of Parents' Marriage <u>Salford</u>		
Date of Marriage <u>Dec 11th 1925</u>			Date of Marriage <u>Mar 26th 1925</u>			Date of Marriage <u>Apr 19th 1924</u>		
Full name <u>David Earl Male</u>			Full name <u>William Frederick Chatterman</u>			Full name <u>Rosemary Louise Ellis</u>		
Usual residence <u>Ingersoll</u>		Age last birthday <u>23</u>	Usual residence <u>Ingersoll</u>		Age last birthday <u>30</u>	Usual residence <u>Wilmington</u>		Age last birthday <u>23</u>
Racial origin <u>Canadian</u>		Birth-place <u>Ontario</u>	Racial origin <u>English</u>		Birth-place <u>Ontario</u>	Racial origin <u>English</u>		Birth-place <u>England</u>
Trade or Profession <u>farmer</u>			Trade or Profession <u>labour</u>			Trade or Profession <u>Mason</u>		
Kind of industry or business in which employed			Kind of industry or business in which employed			Kind of industry or business in which employed		
Full maiden name <u>Mrs Evelyn D. Hedges</u>			Full maiden name <u>Frances Mae Ellis</u>			Full maiden name <u>Mary Edith Gregg</u>		
Usual residence <u>Ingersoll</u>		Age last birthday <u>21</u>	Usual residence <u>Ingersoll</u>		Age last birthday <u>24</u>	Usual residence <u>Wilmington</u>		Age last birthday <u>22</u>
Racial origin <u>Canadian</u>		Birth-place <u>Ontario</u>	Racial origin <u>English</u>		Birth-place <u>Ontario</u>	Racial origin <u>English</u>		Birth-place <u>Ontario</u>
Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>			Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>			Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		
Occupation, if other than household duties			Occupation, if other than household duties			Occupation, if other than household duties		
Name of informant <u>W. L. Hedges</u>			Name of informant <u>J. H. Chatterman</u>			Name of informant <u>W. L. Hedges</u>		
Address <u>Ingersoll</u>			Address <u>Ingersoll</u>			Address <u>Ingersoll</u>		
Name of Physician in attendance <u>D. Carrish</u>			Name of Physician in attendance <u>D. Carrish</u>			Name of Physician in attendance <u>D. Carrish</u>		
Date of receipt of Physician's notice <u>July 22nd 1926</u>		Date of receipt of parent's registration <u>July 22nd 1926</u>	Date of receipt of Physician's notice <u>July 15th 1926</u>		Date of receipt of parent's registration <u>July 15th 1926</u>	Date of receipt of Physician's notice <u>July 31st 1926</u>		Date of receipt of parent's registration <u>July 31st 1926</u>
Street and Number of Con. and Loc. <u>1014 S. Washburne</u> <small>(If in hospital, give name instead of street)</small>			Street and Number of Con. and Loc. <u>1014 S. Washburne</u> <small>(If in hospital, give name instead of street)</small>			Street and Number of Con. and Loc. <u>1014 S. Washburne</u> <small>(If in hospital, give name instead of street)</small>		
Surname <u>Braun</u>			Surname <u>Smith</u>			Surname <u>Gill</u>		
Given names in full <u>Harry</u>			Given names in full <u>William Gordon Caldwell</u>			Given names in full <u>William Edward</u>		
Sex (M. or F.) <u>M</u>	Twin or Triplet	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet	Was child born alive? <u>Yes</u>	Sex (M. or F.) <u>M</u>	Twin or Triplet	Was child born alive? <u>Yes</u>
Date of Birth <u>Aug 7th 1926</u>			Date of Birth <u>Aug 2nd 1926</u>			Date of Birth <u>July 24th 1926</u>		
Place of Parents' Marriage			Place of Parents' Marriage <u>Carleton County</u>			Place of Parents' Marriage <u>Ingersoll</u>		
Date of Marriage			Date of Marriage <u>July 27th 1924</u>			Date of Marriage <u>June 20th 1924</u>		
Full name <u>John James Braun</u>			Full name <u>Orwell Smith</u>			Full name <u>William Edward Gill</u>		
Usual residence <u>Ingersoll</u>		Age last birthday <u>48</u>	Usual residence <u>Ingersoll</u>		Age last birthday <u>35</u>	Usual residence <u>Ingersoll</u>		Age last birthday <u>35</u>
Racial origin <u>Irish</u>		Birth-place <u>Ireland</u>	Racial origin <u>Irish</u>		Birth-place <u>Ontario</u>	Racial origin <u>Canadian</u>		Birth-place <u>Ontario</u>
Trade or Profession <u>gardener</u>			Trade or Profession <u>farmer</u>			Trade or Profession <u>agricultural</u>		
Kind of industry or business in which employed			Kind of industry or business in which employed			Kind of industry or business in which employed		
Full maiden name <u>Margaret Fair</u>			Full maiden name <u>Amy Ellen Caldwell</u>			Full maiden name <u>Mildred Margaret Braun</u>		
Usual residence <u>Ingersoll</u>		Age last birthday <u>39</u>	Usual residence <u>Ingersoll</u>		Age last birthday <u>29</u>	Usual residence <u>Ingersoll</u>		Age last birthday <u>33</u>
Racial origin <u>Scottish</u>		Birth-place <u>Scotland</u>	Racial origin <u>Irish</u>		Birth-place <u>Ontario</u>	Racial origin <u>Canadian</u>		Birth-place <u>Ontario</u>
Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>			Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u>			Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u>		
Occupation, if other than household duties			Occupation, if other than household duties			Occupation, if other than household duties		
Name of informant <u>John James Braun</u>			Name of informant <u>Edna A. Newman</u>			Name of informant <u>W. J. Gill</u>		
Address <u>Ingersoll</u>			Address <u>Ingersoll</u>			Address <u>Ingersoll</u>		
Name of Physician in attendance <u>D. Carrish</u>			Name of Physician in attendance <u>D. Carrish</u>			Name of Physician in attendance <u>D. Carrish</u>		
Date of receipt of Physician's notice <u>Aug 7th 1926</u>		Date of receipt of parent's registration <u>Aug 7th 1926</u>	Date of receipt of Physician's notice <u>Aug 2nd 1926</u>		Date of receipt of parent's registration <u>Aug 2nd 1926</u>	Date of receipt of Physician's notice <u>July 24th 1926</u>		Date of receipt of parent's registration <u>July 24th 1926</u>

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

Gordon vance wade, joseph wade, mary mcintyre mane moore, allen jame bryson law, allan leo law, maria luella may thompson, william keith daniel, thomas archibald daniel, bertha may campline compline, betty marie lasenby, george stanley lasenby, ethel valentine o'dell, james stuart sinclair, james spencer sinclair, zillah erie porteous, mary isabella hogg, john layton hogg, esther susann graydon

County of \_\_\_\_\_

Division of \_\_\_\_\_

No. 7		No. 8		No. 9	
Street and Number of Con. and Lot (If in hospital, give name instead of street) <i>W. Ross Street</i>		Street and Number of Con. and Lot (If in hospital, give name instead of street) <i>W. Ross Street</i>		Street and Number of Con. and Lot (If in hospital, give name instead of street) <i>W. Ross Street</i>	
Surname <i>Wade</i>		Surname <i>Daniel</i>		Surname <i>Sinclair</i>	
Given names in full <i>Garban Vance</i>		Given names in full <i>William Keith</i>		Given names in full <i>James Stewart</i>	
Sex (M. or F.) <i>M</i>	Twin or Triplet <i>Yes</i>	Sex (M. or F.) <i>M</i>	Twin or Triplet <i>Yes</i>	Sex (M. or F.) <i>M</i>	Twin or Triplet <i>Yes</i>
Date of Birth <i>Aug 17th 1926</i>		Date of Birth <i>Aug 17th 1926</i>		Date of Birth <i>Aug 20th 1926</i>	
Place of Parents' Marriage <i>Walthamstow</i>		Place of Parents' Marriage <i>Beclau</i>		Place of Parents' Marriage <i>Dunessae</i>	
Date of Marriage <i>1922</i>		Date of Marriage <i>June 27th 1923</i>		Date of Marriage <i>June 15th 1919</i>	
FATHER	Full name <i>Joseph Wade</i>	Full name <i>Thomas Archibald Daniel</i>	Full name <i>James Spencer Sinclair</i>	Usual residence <i>Dunessae</i>	Age last birthday <i>21</i>
	Racial origin <i>Scottish</i>	Racial origin <i>English</i>	Racial origin <i>Scottish</i>	Trade or Profession <i>Agent</i>	Kind of industry or business in which employed <i>Insurance</i>
	Number of children including this one <i>2</i>	Number of children including this one <i>1</i>	Number of children including this one <i>1</i>	Still born <i>0</i>	Occupation, if other than household duties
MOTHER	Full maiden name <i>Maria Luella May Thompson</i>	Full maiden name <i>Bertha May Campline</i>	Full maiden name <i>Ethel Marie Porteous</i>	Usual residence <i>Dunessae</i>	Age last birthday <i>25</i>
	Racial origin <i>Scottish</i>	Racial origin <i>English</i>	Racial origin <i>Scottish</i>	Trade or Profession <i>Shipper</i>	Kind of industry or business in which employed <i>Screw blanks</i>
	Number of children including this one <i>2</i>	Number of children including this one <i>1</i>	Number of children including this one <i>1</i>	Still born <i>0</i>	Occupation, if other than household duties
Name of informant <i>Joseph Wade</i>		Name of informant <i>Willa A. Neuman</i>		Name of informant <i>Willa A. Neuman</i>	
Address <i>Dunessae</i>		Address <i>Dunessae</i>		Address <i>Dunessae</i>	
Name of Physician in attendance <i>Dr. Hunter</i>		Name of Physician in attendance <i>Dr. Hunter</i>		Name of Physician in attendance <i>Dr. Hunter</i>	
Date of receipt of Physician's notice <i>Aug 20th 1926</i>		Date of receipt of Physician's notice <i>Aug 20th 1926</i>		Date of receipt of Physician's notice <i>Aug 20th 1926</i>	
No. 1		No. 2		No. 3	
Street and Number of Con. and Lot (If in hospital, give name instead of street) <i>W. Ross Street</i>		Street and Number of Con. and Lot (If in hospital, give name instead of street) <i>W. Ross Street</i>		Street and Number of Con. and Lot (If in hospital, give name instead of street) <i>W. Ross Street</i>	
Surname <i>Wade</i>		Surname <i>Lasenby</i>		Surname <i>Hogg</i>	
Given names in full <i>Allen James Bryson</i>		Given names in full <i>Betty Marie</i>		Given names in full <i>Mary Isabella</i>	
Sex (M. or F.) <i>M</i>	Twin or Triplet <i>Yes</i>	Sex (M. or F.) <i>F</i>	Twin or Triplet <i>Yes</i>	Sex (M. or F.) <i>F</i>	Twin or Triplet <i>Yes</i>
Date of Birth <i>Aug 27th 1926</i>		Date of Birth <i>Sept 14th 1926</i>		Date of Birth <i>Aug 25th 1926</i>	
Place of Parents' Marriage <i>Dunessae</i>		Place of Parents' Marriage <i>Dunessae</i>		Place of Parents' Marriage <i>Ambria</i>	
Date of Marriage <i>Nov 11th 1919</i>		Date of Marriage <i>Sept 20th 1921</i>		Date of Marriage <i>Jan 19th 1926</i>	
FATHER	Full name <i>Joseph Wade</i>	Full name <i>Stanley Lasenby</i>	Full name <i>John Layton Hogg</i>	Usual residence <i>Dunessae</i>	Age last birthday <i>26</i>
	Racial origin <i>Scottish</i>	Racial origin <i>English</i>	Racial origin <i>Scottish</i>	Trade or Profession <i>Farmer</i>	Kind of industry or business in which employed <i>—</i>
	Number of children including this one <i>2</i>	Number of children including this one <i>1</i>	Number of children including this one <i>1</i>	Still born <i>0</i>	Occupation, if other than household duties
MOTHER	Full maiden name <i>Maria Luella May Thompson</i>	Full maiden name <i>Bertha May Campline</i>	Full maiden name <i>Ethel Marie Porteous</i>	Usual residence <i>Dunessae</i>	Age last birthday <i>24</i>
	Racial origin <i>Scottish</i>	Racial origin <i>English</i>	Racial origin <i>Scottish</i>	Trade or Profession <i>Farmer</i>	Kind of industry or business in which employed <i>—</i>
	Number of children including this one <i>2</i>	Number of children including this one <i>1</i>	Number of children including this one <i>1</i>	Still born <i>0</i>	Occupation, if other than household duties
Name of informant <i>W. Wade</i>		Name of informant <i>S. S. Lasenby</i>		Name of informant <i>W. A. Hogg</i>	
Address <i>Dunessae</i>		Address <i>Dunessae</i>		Address <i>Dunessae</i>	
Name of Physician in attendance <i>Dr. Hunter</i>		Name of Physician in attendance <i>Dr. Hunter</i>		Name of Physician in attendance <i>Dr. Hunter</i>	
Date of receipt of Physician's notice <i>Aug 27th 1926</i>		Date of receipt of Physician's notice <i>Sept 14th 1926</i>		Date of receipt of Physician's notice <i>Aug 25th 1926</i>	

THIS SPACE TO BE RESERVED FOR BINDING

I hereby certify that the above are correct registrations of Births filed with me during the month of *Aug* 1926.



# BIRTHS

Gerard macdonald stone, reginald arthur stone, neiln jefferson mcgough, edythe fuller, herbert charles fuller, annie wright, margaret doris macmillan, george mellard macmillan, glady pickard, murel claire mcclarmid, frederic edgar mcclarmid, irene catharine sutherland, gordon robert warden, allan g warden, clara williams, ralph stewart barnes, leslie edward barnes, eva sar victoria packett

County of Oregon

Division of Engerssee

THIS SPACE TO BE RESERVED FOR BINDING

No. 4		No. 5		No. 6	
Street and Number or Con. and Lot <u>Charles Street</u> (If in hospital, give name instead of street)		Street and Number or Con. and Lot <u>James Street</u> (If in hospital, give name instead of street)		Street and Number or Con. and Lot <u>James Street</u> (If in hospital, give name instead of street)	
Surname <u>Slone</u>		Surname <u>MacMillan</u>		Surname <u>Blair</u>	
Given names in full <u>Reginald Arthur Slone</u>		Given names in full <u>Margaret Bern</u>		Given names in full <u>Raylan Regus</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>Was child born alive? <u>yes</u></u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>Was child born alive? <u>yes</u></u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>Was child born alive? <u>yes</u></u>	
Date of Birth <u>Aug 19th 1926</u>		Date of Birth <u>Aug 21st 1926</u>		Date of Birth <u>Aug 15th 1926</u>	
Place of Parents' Marriage <u>Woodstock</u>		Place of Parents' Marriage <u>Engerssee</u>		Place of Parents' Marriage <u>Engerssee</u>	
Date of Marriage <u>Oct 1st 1915</u>		Date of Marriage <u>June 2nd 1915</u>		Date of Marriage <u>Apr 2nd 1914</u>	
<b>FATHER</b> Full name <u>Reginald Arthur Slone</u> Usual residence <u>Engerssee</u> Age last birthday <u>37</u> Racial origin <u>English Ontario</u> Trade or Profession <u>Manager</u> Kind of industry or business in which employed <u>Spitalize</u>		<b>FATHER</b> Full name <u>George Mellard MacMillan</u> Usual residence <u>Engerssee</u> Age last birthday <u>31</u> Racial origin <u>Scotch Ontario</u> Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>Shoe makers</u>		<b>FATHER</b> Full name <u>Alan Gordon Blair</u> Usual residence <u>Engerssee</u> Age last birthday <u>36</u> Racial origin <u>Canadian Ontario</u> Trade or Profession <u>Sea</u> Kind of industry or business in which employed <u>Machine sea</u>	
<b>MOTHER</b> Full maiden name <u>Josephette McHenry</u> Usual residence <u>Engerssee</u> Age last birthday <u>34</u> Racial origin <u>English Nebraska</u> Number of children including this one <u>4</u> living <u>4</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties		<b>MOTHER</b> Full maiden name <u>Edely Dickard</u> Usual residence <u>Engerssee</u> Age last birthday <u>21</u> Racial origin <u>Scotch Ontario</u> Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties		<b>MOTHER</b> Full maiden name <u>Lara Williams</u> Usual residence <u>Engerssee</u> Age last birthday <u>24</u> Racial origin <u>Canadian Ontario</u> Number of children including this one <u>3</u> living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties	
Name of informant <u>Ada C. Hedges</u>		Name of informant <u>Edely MacMillan</u>		Name of informant <u>A. Blair</u>	
Address <u>Engerssee</u>		Address <u>Engerssee</u>		Address <u>Engerssee</u>	
Name of Physician in attendance <u>Dr. Conner</u>		Name of Physician in attendance <u>Dr. Conner</u>		Name of Physician in attendance <u>Dr. Conner</u>	
Date of receipt of Physician's notice <u>Aug 21st 1926</u> Date of receipt of parent's registration <u>Sept 1926</u>		Date of receipt of Physician's notice <u>Aug 21st 1926</u> Date of receipt of parent's registration <u>Sept 1926</u>		Date of receipt of Physician's notice <u>Aug 15th 1926</u> Date of receipt of parent's registration <u>Sept 1926</u>	
No. <u>7</u>		No. <u>8</u>		No. <u>9</u>	
Street and Number or Con. and Lot <u>Charles Street</u> (If in hospital, give name instead of street)		Street and Number or Con. and Lot <u>James Street</u> (If in hospital, give name instead of street)		Street and Number or Con. and Lot <u>Charles Street</u> (If in hospital, give name instead of street)	
Surname <u>Fuller</u>		Surname <u>McMinn</u>		Surname <u>Barnes</u>	
Given names in full <u>Jan Eulysie</u>		Given names in full <u>Murel Claire</u>		Given names in full <u>Ralph Stewart</u>	
Sex (M. or F.) <u>F</u> Twin or Triplet <u>Was child born alive? <u>yes</u></u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>Was child born alive? <u>yes</u></u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>Was child born alive? <u>yes</u></u>	
Date of Birth <u>Aug 25th 1926</u>		Date of Birth <u>Aug 26th 1926</u>		Date of Birth <u>Aug 30th 1926</u>	
Place of Parents' Marriage <u>Woodstock</u>		Place of Parents' Marriage <u>Engerssee</u>		Place of Parents' Marriage <u>Engerssee</u>	
Date of Marriage <u>Apr 2nd 1917</u>		Date of Marriage <u>Dec 2nd 1922</u>		Date of Marriage <u>May 14th 1924</u>	
<b>FATHER</b> Full name <u>Charles Fuller</u> Usual residence <u>Engerssee</u> Age last birthday <u>42</u> Racial origin <u>English England</u> Trade or Profession <u>Carpenter</u> Kind of industry or business in which employed		<b>FATHER</b> Full name <u>James Edgar McMinn</u> Usual residence <u>Engerssee</u> Age last birthday <u>35</u> Racial origin <u>Scotch Ontario</u> Trade or Profession <u>Seaman</u> Kind of industry or business in which employed <u>Seaman</u>		<b>FATHER</b> Full name <u>Leslie Edward Barnes</u> Usual residence <u>Engerssee</u> Age last birthday <u>26</u> Racial origin <u>English Ontario</u> Trade or Profession <u>Seaman</u> Kind of industry or business in which employed	
<b>MOTHER</b> Full maiden name <u>Annie Wright</u> Usual residence <u>Engerssee</u> Age last birthday <u>41</u> Racial origin <u>English England</u> Number of children including this one <u>10</u> living <u>9</u> dead <u>0</u> Still-born <u>1</u> Occupation, if other than household duties		<b>MOTHER</b> Full maiden name <u>Emil Catherine Sutherland</u> Usual residence <u>Engerssee</u> Age last birthday <u>34</u> Racial origin <u>Scotch Ontario</u> Number of children including this one <u>2</u> living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties		<b>MOTHER</b> Full maiden name <u>Edith Sarah Victoria Packett</u> Usual residence <u>Engerssee</u> Age last birthday <u>28</u> Racial origin <u>English Chicago</u> Number of children including this one <u>2</u> living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties	
Name of informant <u>Annie Fuller</u>		Name of informant <u>Mrs. McMinn</u>		Name of informant <u>L. E. Barnes</u>	
Address <u>Engerssee</u>		Address <u>Engerssee</u>		Address <u>Engerssee</u>	
Name of Physician in attendance <u>Dr. Conner</u>		Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Conner</u>	
Date of receipt of Physician's notice <u>Aug 21st 1926</u> Date of receipt of parent's registration <u>Sept 1926</u>		Date of receipt of Physician's notice <u>Aug 21st 1926</u> Date of receipt of parent's registration <u>Sept 24th 1926</u>		Date of receipt of Physician's notice <u>Aug 30th 1926</u> Date of receipt of parent's registration <u>Sept 24th 1926</u>	







# BIRTHS

reid, gordon st. clair reid, amy futh carfield, helen marie smith, sarah smith, elizabeth stevens, glen beverly lockey, alfred lockey, berthia m. ola marie jones, frederick william jones, edith mary mckee, robert owen howard walter young, feta mabel haley hall

County of Alford

Division of Ingersoll

THIS SPACE TO BE RESERVED FOR BINDING

No. 4

Street and Number or Cor. and Loc. Prince Street  
(If in hospital, give name instead of street)

Surname Shankle

Given names in full James Carlisle

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes

Date of Birth Sept 14th 1926

Place of Parents' Marriage Ingersoll

Date of Marriage Sept 2nd 1907

FATHER

Full name Daniel Shankle Age last birthday 63

Usual residence Ingersoll

Racial origin Irish Ontario

Trade or Profession Salesman

Kind of industry or business in which employed -

MOTHER

Full maiden name Wallie Forman Age last birthday 41

Usual residence Ingersoll

Racial origin British Ontario

Number of children including this one 6 living 6 dead 0 Still-born 0

Occupation, if other than household duties -

Name of informant Daniel Shankle

Address Ingersoll

Name of Physician in attendance D. Williams

Date of receipt of Physician's notice Sept 14/26 Date of receipt of parents' registration Sept 15/26

No. 5

Street and Number or Cor. and Loc. Stanhope Street  
(If in hospital, give name instead of street)

Surname Smith

Given names in full Helen Marie

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes

Date of Birth Oct 9th 1926

Place of Parents' Marriage England

Date of Marriage Mar 22nd 1910

FATHER

Full name Samuel James Smith Age last birthday 37

Usual residence Ingersoll

Racial origin English England

Trade or Profession Machinist

Kind of industry or business in which employed -

MOTHER

Full maiden name Elizabeth Stevens Age last birthday 32

Usual residence Ingersoll

Racial origin English England

Number of children including this one 6 living 6 dead 0 Still-born 0

Occupation, if other than household duties -

Name of informant Samuel James Smith

Address Ingersoll

Name of Physician in attendance D. Williams

Date of receipt of Physician's notice Oct 9/26 Date of receipt of parents' registration Oct 13/26

No. 6

Street and Number or Cor. and Loc. High Street E.  
(If in hospital, give name instead of street)

Surname Jones

Given names in full Alfred Marie

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes

Date of Birth Sept 14th 1926

Place of Parents' Marriage Blackstock

Date of Marriage Oct 21st 1916

FATHER

Full name Patrick William Jones Age last birthday 33

Usual residence Ingersoll

Racial origin English Ontario

Trade or Profession Machinist

Kind of industry or business in which employed Garage

MOTHER

Full maiden name Edith Mary McKee Age last birthday 31

Usual residence Ingersoll

Racial origin Irish Ontario

Number of children including this one 3 living 3 dead 1 Still-born 0

Occupation, if other than household duties -

Name of informant Edith Jones

Address Ingersoll

Name of Physician in attendance D. Parmenter

Date of receipt of Physician's notice Sept 15/26 Date of receipt of parents' registration Oct 14/26

No. 7

Street and Number or Cor. and Loc. Windsor Hospital  
(If in hospital, give name instead of street)

Surname Reid

Given names in full Gordon James Clifford

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes

Date of Birth Sept 30th 1926

Place of Parents' Marriage London

Date of Marriage Sept 1st 1926

FATHER

Full name William Blair Reid Age last birthday 34

Usual residence Manchester RR 1

Racial origin Scottish Ontario

Trade or Profession Farmer

Kind of industry or business in which employed Farming

MOTHER

Full maiden name Amy Ruth Carfield Age last birthday 26

Usual residence Manchester RR 1

Racial origin English England

Number of children including this one 1 living 1 dead 0 Still-born 0

Occupation, if other than household duties -

Name of informant W. S. Hedges

Address Ingersoll

Name of Physician in attendance D. Allen

Date of receipt of Physician's notice Oct 1/26 Date of receipt of parents' registration Oct 15/26

No. 8

Street and Number or Cor. and Loc. Windsor Street  
(If in hospital, give name instead of street)

Surname Lockey

Given names in full Glen Beverly

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes

Date of Birth Oct 9th 1926

Place of Parents' Marriage England

Date of Marriage July 22nd 1919

FATHER

Full name Alfred Lockey Age last birthday -

Usual residence Ingersoll

Racial origin English Ontario

Trade or Profession Labourer

Kind of industry or business in which employed -

MOTHER

Full maiden name Anna Minnie Wiley Age last birthday -

Usual residence Ingersoll

Racial origin English England

Number of children including this one 4 living 4 dead 2 Still-born -

Occupation, if other than household duties -

Name of informant Mrs Alfred Lockey

Address Ingersoll

Name of Physician in attendance D. Parmenter

Date of receipt of Physician's notice Oct 9/26 Date of receipt of parents' registration Oct 14/26

No. 9

Street and Number or Cor. and Loc. Windsor Hospital  
(If in hospital, give name instead of street)

Surname Young

Given names in full Robert Owen

Sex (M. or F.) M Twin or Triplet No Was child born alive? No

Date of Birth Oct 16th 1926

Place of Parents' Marriage Ingersoll

Date of Marriage July 22nd 1923

FATHER

Full name Howard Walter Young Age last birthday 31

Usual residence London

Racial origin English Ontario

Trade or Profession Salesman

Kind of industry or business in which employed Canadian Oil Co

MOTHER

Full maiden name Retta Mae Hery Age last birthday 32

Usual residence London

Racial origin English Ontario

Number of children including this one 1 living 1 dead 0 Still-born 1

Occupation, if other than household duties -

Name of informant Howard W Young

Address Acadain, Ont

Name of Physician in attendance D. Parmenter

Date of receipt of Physician's notice Oct 19/26 Date of receipt of parents' registration Oct 19/26



# BIRTHS

County of AlamedaDivision of Immigration

No. 10		No. 11		No. 1	
Street and Number of Con. and Lot <u>John Street</u> (If in hospital, give name instead of street)		Street and Number of Con. and Lot <u>John Street</u> (If in hospital, give name instead of street)		Street and Number of Con. and Lot <u>John Street</u> (If in hospital, give name instead of street)	
Surname <u>Mayer</u>		Surname <u>Jaylar</u>		Surname <u>Marr</u>	
Given names in full <u>Remond Ray</u>		Given names in full <u>Dora Grace</u>		Given names in full <u>Jean Brown</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>	
Date of Birth <u>Sept 22nd 1926</u>		Date of Birth <u>Oct 11th 1926</u>		Date of Birth <u>Oct 21st 1926</u>	
Place of Parents' Marriage <u>Silsenbury</u>		Place of Parents' Marriage <u>Calgary</u>		Place of Parents' Marriage <u>Shamesford</u>	
Date of Marriage <u>Mar 31st 1915</u>		Date of Marriage <u>Sept 2nd 1915</u>		Date of Marriage <u>Dec 22nd 1915</u>	
FATHER Full name <u>Spine Mayer</u> Usual residence <u>Ingersoll</u> Age last birthday <u>34</u> Racial origin <u>German</u> Birthplace <u>Ontario</u> Trade or Profession <u>Labourer</u> Kind of industry or business in which employed <u>General Co.</u>		FATHER Full name <u>Fredrick Jaylar</u> Usual residence <u>Ingersoll</u> Age last birthday <u>24</u> Racial origin <u>English</u> Birthplace <u>Ontario</u> Trade or Profession <u>Contractor</u> Kind of industry or business in which employed <u>Tenement Man</u>		FATHER Full name <u>Harold W Marr</u> Usual residence <u>Berchester</u> Age last birthday <u>35</u> Racial origin <u>Canadian</u> Birthplace <u>Ontario</u> Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>-</u>	
MOTHER Full maiden name <u>Bess May Cooker</u> Usual residence <u>Ingersoll</u> Age last birthday <u>30</u> Racial origin <u>English</u> Birthplace <u>Ontario</u> Number of children including this one living <u>3</u> dead <u>0</u> Still-born <u>1</u> Occupation, if other than household duties <u>-</u>		MOTHER Full maiden name <u>Lara Strelitz</u> Usual residence <u>Ingersoll</u> Age last birthday <u>22</u> Racial origin <u>English</u> Birthplace <u>England</u> Number of children including this one living <u>3</u> dead <u>1</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER Full maiden name <u>Abel J Brown</u> Usual residence <u>Berchester</u> Age last birthday <u>34</u> Racial origin <u>Canadian</u> Birthplace <u>Ontario</u> Number of children including this one living <u>3</u> dead <u>1</u> Still-born <u>1</u> Occupation, if other than household duties <u>-</u>	
Name of informant <u>Mrs Spine Mayer</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr Lornier</u> Date of receipt of Physician's notice <u>Sept 22nd</u> Date of receipt of parent's registration <u>Oct 1926</u>		Name of informant <u>Ada S Hedges</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr Macdonald</u> Date of receipt of Physician's notice <u>Oct 11th</u> Date of receipt of parent's registration <u>Oct 27th</u>		Name of informant <u>Harold Marr</u> Address <u>Berchester</u> Name of Physician in attendance <u>Dr Lornier</u> Date of receipt of Physician's notice <u>Oct 21st</u> Date of receipt of parent's registration <u>Nov 27th</u>	
No. 2		No. 3		No. 4	
Street and Number of Con. and Lot <u>John Street</u> (If in hospital, give name instead of street)		Street and Number of Con. and Lot <u>John Street</u> (If in hospital, give name instead of street)		Street and Number of Con. and Lot <u>John Street</u> (If in hospital, give name instead of street)	
Surname <u>Cole</u>		Surname <u>Mason</u>		Surname <u>Walling</u>	
Given names in full <u>Harlan Douglas</u>		Given names in full <u>Douglas</u>		Given names in full <u>Dora May</u>	
Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>		Sex (M. or F.) <u>M</u> Twin or Triplet <u>No</u> Was child born alive? <u>No</u>		Sex (M. or F.) <u>F</u> Twin or Triplet <u>No</u> Was child born alive? <u>Yes</u>	
Date of Birth <u>Oct 21st 1926</u>		Date of Birth <u>Nov 3rd 1926</u>		Date of Birth <u>Oct 31st 1926</u>	
Place of Parents' Marriage <u>Bayham</u>		Place of Parents' Marriage <u>Barford</u>		Place of Parents' Marriage <u>London</u>	
Date of Marriage <u>Jan 1st 1919</u>		Date of Marriage <u>Dec 31st 1924</u>		Date of Marriage <u>Mar 26th 1925</u>	
FATHER Full name <u>Harlan Cole</u> Usual residence <u>Ingersoll</u> Age last birthday <u>23</u> Racial origin <u>English</u> Birthplace <u>Ontario</u> Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>-</u>		FATHER Full name <u>Howard Mason</u> Usual residence <u>Ingersoll</u> Age last birthday <u>25</u> Racial origin <u>English</u> Birthplace <u>Ontario</u> Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>Mason Co</u>		FATHER Full name <u>Jacques Henry Walling</u> Usual residence <u>Shamesford</u> Age last birthday <u>26</u> Racial origin <u>British</u> Birthplace <u>Holland</u> Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>-</u>	
MOTHER Full maiden name <u>Constance Ralsen</u> Usual residence <u>Ingersoll</u> Age last birthday <u>27</u> Racial origin <u>English</u> Birthplace <u>Ontario</u> Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER Full maiden name <u>Alphrene Mason</u> Usual residence <u>Ingersoll</u> Age last birthday <u>17</u> Racial origin <u>English</u> Birthplace <u>Ontario</u> Number of children including this one living <u>1</u> dead <u>1</u> Still-born <u>1</u> Occupation, if other than household duties <u>-</u>		MOTHER Full maiden name <u>Minne Marysena Banks</u> Usual residence <u>Shamesford</u> Age last birthday <u>21</u> Racial origin <u>English</u> Birthplace <u>England</u> Number of children including this one living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of informant <u>Harlan Cole</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr Lornier</u> Date of receipt of Physician's notice <u>Oct 21st</u> Date of receipt of parent's registration <u>Nov 27th</u>		Name of informant <u>Howard Mason</u> Address <u>Ingersoll</u> Name of Physician in attendance <u>Dr Lornier</u> Date of receipt of Physician's notice <u>Nov 3rd</u> Date of receipt of parent's registration <u>Nov 4th</u>		Name of informant <u>John Walling</u> Address <u>Shamesford</u> Name of Physician in attendance <u>Dr Lornier</u> Date of receipt of Physician's notice <u>Oct 21st</u> Date of receipt of parent's registration <u>Nov 17th</u>	

THIS SPACE TO BE RESERVED FOR BINDING



# BIRTHS

Anna fannette hodge, frank boyd hodge, frank dunn channity hodge, marion... hazel margaret brown, george boyd brown, iola mckellar mckellan, john uncer, frank uncer, beatrice kellyway, katharine mary burnside, robert burnside, mary farrow farmer, jean elizabeth crichton, david virgil crichton, berthia may armstrong, helen elizabeth fishback, john fishback, ruth allen

County of Jefferson

Division of Registers

THIS SPACE TO BE RESERVED FOR BINDING

No. 5

Street and Number of Co. and (If in hospital, give name instead of street) 1000 1/2 W. Washburn St

Surname Keedles

Given names in full Anna Augusta

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes

Date of Birth Nov 2nd 1926

Place of Parents' Marriage France

Date of Marriage Nov 6th 1917

FATHER

Full name Frank Chimney Keedles

Usual residence Saraville Age last birthday 33

Racial origin English Birth-place Ontario

Trade or Profession Businessman

Kind of industry or business in which employed Antiquary

MOTHER

Full maiden name Matilda Harris

Usual residence Saraville Age last birthday 32

Racial origin English Birth-place France

Number of children including this one 2 living 2 dead 0 Still-born 0

Occupation, if other than household duties -

Name of Informant Frank C. Keedles

Address Saraville

Name of Physician in attendance Dr. Carnish

Date of receipt of Physician's notice Nov 29/26 Date of receipt of parent's registration Nov 13/26

No. 6

Street and Number of Co. and (If in hospital, give name instead of street) 1000 1/2 W. Washburn St

Surname Alred

Given names in full John Henry

Sex (M. or F.) M Twin or Triplet No Was child born alive? Yes

Date of Birth Nov 14th 1926

Place of Parents' Marriage Ingersoll

Date of Marriage Aug 30th 1916

FATHER

Full name Frank Alred

Usual residence Ingersoll Age last birthday 35

Racial origin Scotch Birth-place Ontario

Trade or Profession Seaman

Kind of industry or business in which employed -

MOTHER

Full maiden name Bessie Kellaway

Usual residence Ingersoll Age last birthday 32

Racial origin English Birth-place England

Number of children including this one 2 living 2 dead 0 Still-born 0

Occupation, if other than household duties -

Name of Informant Ada C. Keedles

Address Ingersoll

Name of Physician in attendance Dr. Carnish

Date of receipt of Physician's notice Nov 14/26 Date of receipt of parent's registration Nov 29/26

No. 7

Street and Number of Co. and (If in hospital, give name instead of street) 1000 1/2 W. Washburn St

Surname Crichton

Given names in full Jean Elizabeth

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes

Date of Birth Nov 23rd 1926

Place of Parents' Marriage Paris, Ind

Date of Marriage May 4th 1921

FATHER

Full name David Crichton

Usual residence Ingersoll Age last birthday 31

Racial origin Scotch Birth-place Ontario

Trade or Profession Businessman

Kind of industry or business in which employed -

MOTHER

Full maiden name Martha May Armstrong

Usual residence Ingersoll Age last birthday 27

Racial origin English Birth-place Ontario

Number of children including this one 2 living 2 dead 0 Still-born 0

Occupation, if other than household duties -

Name of Informant D. C. Crichton

Address Ingersoll

Name of Physician in attendance Dr. Williams

Date of receipt of Physician's notice Nov 2/26 Date of receipt of parent's registration Nov 29/26

No. 8

Street and Number of Co. and (If in hospital, give name instead of street) 1000 1/2 W. Washburn St

Surname Brown

Given names in full Hazel Margaret

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes

Date of Birth Nov 20th 1926

Place of Parents' Marriage Charlton

Date of Marriage Aug 22nd 1924

FATHER

Full name George Boyd Brown

Usual residence Shamesburg Age last birthday 35

Racial origin Scotch Birth-place Ontario

Trade or Profession Farmer

Kind of industry or business in which employed Farming

MOTHER

Full maiden name Iola McKeegan

Usual residence Shamesburg Age last birthday 21

Racial origin Scotch Birth-place Ontario

Number of children including this one 2 living 2 dead 0 Still-born 0

Occupation, if other than household duties -

Name of Informant Ada C. Keedles

Address Ingersoll

Name of Physician in attendance Dr. Allen

Date of receipt of Physician's notice Nov 29/26 Date of receipt of parent's registration Nov 29/26

No. 1

Street and Number of Co. and (If in hospital, give name instead of street) 1000 1/2 W. Washburn St

Surname Burnside

Given names in full Ruth Marie

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes

Date of Birth Nov 30th 1926

Place of Parents' Marriage Beccolan

Date of Marriage Aug 2nd 1921

FATHER

Full name Robert Burnside

Usual residence Ingersoll Age last birthday 29

Racial origin Scotch Birth-place Scotland

Trade or Profession Machinist

Kind of industry or business in which employed Machine work

MOTHER

Full maiden name Mary Farrow Farmer

Usual residence Ingersoll Age last birthday 27

Racial origin Scotch Birth-place Scotland

Number of children including this one 2 living 2 dead 0 Still-born 0

Occupation, if other than household duties -

Name of Informant R. Burnside

Address Ingersoll

Name of Physician in attendance Dr. Carnish

Date of receipt of Physician's notice Nov 30/26 Date of receipt of parent's registration Dec 3/26

No. 2

Street and Number of Co. and (If in hospital, give name instead of street) 1000 1/2 W. Washburn St

Surname Fishback

Given names in full Helin Elizabeth

Sex (M. or F.) F Twin or Triplet No Was child born alive? Yes

Date of Birth Nov 22nd 1926

Place of Parents' Marriage Queen

Date of Marriage Apr 29th 1926

FATHER

Full name John Fishback

Usual residence Mt. Elgin, R. R. 1 Age last birthday 56

Racial origin Dutch Birth-place Ontario

Trade or Profession Farmer

Kind of industry or business in which employed -

MOTHER

Full maiden name Ruth Allen

Usual residence Mt. Elgin, R. R. 1 Age last birthday 35

Racial origin English Birth-place Ontario

Number of children including this one 1 living 1 dead 0 Still-born 0

Occupation, if other than household duties -

Name of Informant John Fishback

Address Mt. Elgin, R. R. 1

Name of Physician in attendance Dr. Carnish

Date of receipt of Physician's notice Nov 23/26 Date of receipt of parent's registration Dec 4/26



# BIRTHS

wright, winn, maegeard, wright, alicia, pauline, newton, thary, constance, mae, james, dean, maege, amelia, windred, winders, james, stewart, keenan, james, keenan, elizabeth, keenan, ruth, eldora, mckibbin, stanley, curtis, mckibbin, ida, eldora, scott.

B  
30M-7-26

County of Alameda

Division of Ingersoll

No. 3		No. 4		No. 5	
Street and Number or Con. and Lot <u>Wales Street E</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Wales Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Wales Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Waterhouse</u>		Surname <u>Magee</u>		Surname <u>McKibbin</u>	
Given names in full <u>Violet Ellen</u>		Given names in full <u>Mary Constance</u>		Given names in full <u>Ruth Eldora</u>	
Sex (M. or F.) <u>F</u> <small>Was child born alive? <u>yes</u></small>		Sex (M. or F.) <u>F</u> <small>Was child born alive? <u>yes</u></small>		Sex (M. or F.) <u>F</u> <small>Was child born alive? <u>yes</u></small>	
Date of Birth <u>Nov 19th 1926</u>		Date of Birth <u>Nov 14th 1926</u>		Date of Birth <u>Nov 29th 1926</u>	
Place of Parents' Marriage <u>London</u>		Place of Parents' Marriage <u>Ingersoll</u>		Place of Parents' Marriage <u>London</u>	
Date of Marriage <u>Dec 16th 1921</u>		Date of Marriage <u>Dec 16th 1922</u>		Date of Marriage <u>May 5th 1920</u>	
FATHER Full name <u>Robert Waterhouse</u> Usual residence <u>Ingersoll</u> Age last birthday <u>34</u> Racial origin <u>English</u> Birth place <u>Ontario</u> Trade or Profession <u>Auto Operator</u> Kind of industry or business in which employed <u>Manaw. Co.</u>		FATHER Full name <u>James Dean Magee</u> Usual residence <u>Ingersoll</u> Age last birthday <u>47</u> Racial origin <u>Irish</u> Birth place <u>Ontario</u> Trade or Profession <u>Black Keeper</u> Kind of industry or business in which employed <u>Mills</u>		FATHER Full name <u>Stanley Curtis McKibbin</u> Usual residence <u>W. Elgin RR 2</u> Age last birthday <u>25</u> Racial origin <u>Scottish</u> Birth place <u>Ontario</u> Trade or Profession <u>Farmer</u> Kind of industry or business in which employed <u>Farming</u>	
MOTHER Full maiden name <u>Minnie Rose Taylor</u> Usual residence <u>Ingersoll</u> Age last birthday <u>34</u> Racial origin <u>English</u> Birth place <u>Ontario</u> Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER Full maiden name <u>Emilia Elizabeth Henderson</u> Usual residence <u>Ingersoll</u> Age last birthday <u>40</u> Racial origin <u>English</u> Birth place <u>Ingersoll</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER Full maiden name <u>Ida Eldora Scott</u> Usual residence <u>W. Elgin RR 2</u> Age last birthday <u>24</u> Racial origin <u>English</u> Birth place <u>Ontario</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of informant <u>Minnie B Waterhouse</u>		Name of informant <u>Joe D. Magee</u>		Name of informant <u>Stanley McKibbin</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>W. Elgin RR 2</u>	
Name of Physician in attendance <u>Dr. Cameron</u>		Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Cameron</u>	
Date of receipt of Physician's notice <u>Nov 19th</u> <small>Date of receipt of parent's registration <u>Dec 4th 1926</u></small>		Date of receipt of Physician's notice <u>Nov 14th</u> <small>Date of receipt of parent's registration <u>Dec 4th 1926</u></small>		Date of receipt of Physician's notice <u>-</u> <small>Date of receipt of parent's registration <u>Dec 13th 1926</u></small>	
Street and Number or Con. and Lot <u>Alma Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Wheeler Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Wheeler Street</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Elright</u>		Surname <u>Keenan</u>		Surname <u>Keenan</u>	
Given names in full <u>Marian Elizabeth</u>		Given names in full <u>James Stewart</u>		Given names in full <u>James Stewart</u>	
Sex (M. or F.) <u>F</u> <small>Was child born alive? <u>yes</u></small>		Sex (M. or F.) <u>M</u> <small>Was child born alive? <u>yes</u></small>		Sex (M. or F.) <u>M</u> <small>Was child born alive? <u>yes</u></small>	
Date of Birth <u>Nov 25th 1926</u>		Date of Birth <u>Dec 10th 1926</u>		Date of Birth <u>Dec 10th 1926</u>	
Place of Parents' Marriage <u>-</u>		Place of Parents' Marriage <u>Woodstock</u>		Place of Parents' Marriage <u>-</u>	
Date of Marriage <u>-</u>		Date of Marriage <u>Aug 29th 1921</u>		Date of Marriage <u>-</u>	
FATHER Full name <u>William Edward Elright</u> Usual residence <u>Ingersoll</u> Age last birthday <u>23</u> Racial origin <u>British</u> Birth place <u>England</u> Trade or Profession <u>Mechanical</u> Kind of industry or business in which employed <u>Manaw. Co.</u>		FATHER Full name <u>James W. Keenan</u> Usual residence <u>Ingersoll</u> Age last birthday <u>26</u> Racial origin <u>English</u> Birth place <u>Ontario</u> Trade or Profession <u>Truck Driver</u> Kind of industry or business in which employed <u>-</u>		FATHER Full name <u>James W. Keenan</u> Usual residence <u>Ingersoll</u> Age last birthday <u>26</u> Racial origin <u>English</u> Birth place <u>Ontario</u> Trade or Profession <u>Truck Driver</u> Kind of industry or business in which employed <u>-</u>	
MOTHER Full maiden name <u>Theresa Caroline Neulton</u> Usual residence <u>Ingersoll</u> Age last birthday <u>26</u> Racial origin <u>British</u> Birth place <u>Ontario</u> Number of children including this one living <u>4</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER Full maiden name <u>Elizabeth Keenan</u> Usual residence <u>Ingersoll</u> Age last birthday <u>24</u> Racial origin <u>English</u> Birth place <u>Ontario</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		MOTHER Full maiden name <u>Elizabeth Keenan</u> Usual residence <u>Ingersoll</u> Age last birthday <u>24</u> Racial origin <u>English</u> Birth place <u>Ontario</u> Number of children including this one living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of informant <u>W. Elright</u>		Name of informant <u>James A. Keenan</u>		Name of informant <u>James A. Keenan</u>	
Address <u>Ingersoll</u>		Address <u>Ingersoll</u>		Address <u>Ingersoll</u>	
Name of Physician in attendance <u>Dr. McLaughlin</u>		Name of Physician in attendance <u>Dr. Williams</u>		Name of Physician in attendance <u>Dr. Williams</u>	
Date of receipt of Physician's notice <u>Nov 25th</u> <small>Date of receipt of parent's registration <u>Dec 4th 1926</u></small>		Date of receipt of Physician's notice <u>Dec 10th</u> <small>Date of receipt of parent's registration <u>Dec 29th 1926</u></small>		Date of receipt of Physician's notice <u>-</u> <small>Date of receipt of parent's registration <u>Dec 29th 1926</u></small>	

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# BIRTHS

william arnold eckhardt, lanson harvey eckhardt, hazel margaret lyon, william forbes clark, robert sterling clerk, lydia belle forbes, melvin wesley carter, Percy amos carter, edna may hawkins, margaret ann wilford, charles bruce wilford, rose o'bright, william hannah collins, wilhelmina davidson

County of Alford

Division of Insurance

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No. 7

Street and Number of Con. and Lot (if in hospital, give name instead of street) Victoria Street

Surname Daniels

Given names in full Robert Walter

Sex (M. or F.) M Twin or Triplet  Was child born alive? Yes

Date of Birth July 20th 1927

Place of Parents' Marriage Ingersoll

Date of Marriage Sept 30th 1924

FATHER

Full name Robert Walter Daniels Age last birthday 26

Usual residence Ingersoll

Racial origin English Birthplace Ontario

TRADE OR PROFESSION

Trade or Profession Clerk

Kind of industry or business in which employed Hardware

MOTHER

Full maiden name Therese Elizabeth Dumik Age last birthday 29

Usual residence Ingersoll

Racial origin Scottish Birthplace Ontario

Number of children including this one 2 living 2 dead 0 Still-born 0

Occupation, if other than household duties -

Name of informant Brandon W Daniels

Address Ingersoll

Name of Physician in attendance Dr. Cairnie

Date of receipt of Physician's notice July 20th 1927 Date of receipt of parents' registration July 24th 1927

No. 3

Street and Number of Con. and Lot (if in hospital, give name instead of street) Victoria Street

Surname Eckhardt

Given names in full William Arnold

Sex (M. or F.) M Twin or Triplet  Was child born alive? Yes

Date of Birth July 11th 1927

Place of Parents' Marriage London

Date of Marriage June 6th 1916

FATHER

Full name Lanson Harvey Eckhardt Age last birthday 35

Usual residence Ingersoll

Racial origin Canadian Birthplace Ontario

TRADE OR PROFESSION

Trade or Profession Chamber

Kind of industry or business in which employed -

MOTHER

Full maiden name Hazel Margaret Lyon Age last birthday 33

Usual residence Ingersoll

Racial origin Canadian Birthplace Ontario

Number of children including this one 4 living 4 dead 0 Still-born 0

Occupation, if other than household duties -

Name of informant L. H. Eckhardt

Address Ingersoll

Name of Physician in attendance Dr. Cairnie

Date of receipt of Physician's notice July 1927 Date of receipt of parents' registration July 1927

No. 1

Street and Number of Con. and Lot (if in hospital, give name instead of street) Victoria Street East

Surname Clark

Given names in full William Forbes

Sex (M. or F.) M Twin or Triplet  Was child born alive? Yes

Date of Birth July 17th 1927

Place of Parents' Marriage Uxalstead

Date of Marriage Dec 31st 1925

FATHER

Full name Robert Sterling Clark Age last birthday 28

Usual residence Ingersoll

Racial origin Scottish Birthplace Ontario

TRADE OR PROFESSION

Trade or Profession Salesman

Kind of industry or business in which employed Hardware

MOTHER

Full maiden name Lydia Belle Clarke Age last birthday 26

Usual residence Ingersoll

Racial origin Scottish Birthplace Ontario

Number of children including this one 1 living 1 dead 0 Still-born 0

Occupation, if other than household duties -

Name of informant Mrs R. B. Clark

Address Ingersoll

Name of Physician in attendance Dr. Cairnie

Date of receipt of Physician's notice July 14th 1927 Date of receipt of parents' registration July 1927

No. 4

Street and Number of Con. and Lot (if in hospital, give name instead of street) Victoria Street East

Surname Carter

Given names in full Melvin Wesley

Sex (M. or F.) M Twin or Triplet  Was child born alive? Yes

Date of Birth July 14th 1927

Place of Parents' Marriage Uxalstead

Date of Marriage May 28th 1919

FATHER

Full name Percy Amos Carter Age last birthday 26

Usual residence Ingersoll

Racial origin Canadian Birthplace Ontario

TRADE OR PROFESSION

Trade or Profession Music Operator

Kind of industry or business in which employed Theatre

MOTHER

Full maiden name Edna May Hawkins Age last birthday 27

Usual residence Ingersoll

Racial origin Canadian Birthplace Ontario

Number of children including this one 4 living 4 dead 0 Still-born 0

Occupation, if other than household duties -

Name of informant Percy Amos Carter

Address Ingersoll

Name of Physician in attendance Dr. Cairnie

Date of receipt of Physician's notice July 1927 Date of receipt of parents' registration July 1927

No. 2

Street and Number of Con. and Lot (if in hospital, give name instead of street) Victoria Street East

Surname Wilford

Given names in full Margaret Ann

Sex (M. or F.) F Twin or Triplet  Was child born alive? Yes

Date of Birth July 28th 1927

Place of Parents' Marriage Ingersoll

Date of Marriage Aug 15th 1912

FATHER

Full name Charles Bruce Wilford Age last birthday 29

Usual residence Ingersoll

Racial origin English Birthplace Ontario

TRADE OR PROFESSION

Trade or Profession Labourer

Kind of industry or business in which employed -

MOTHER

Full maiden name Rose O'Bright Age last birthday 29

Usual residence Ingersoll

Racial origin Irish Birthplace Ontario

Number of children including this one 1 living 1 dead 0 Still-born 0

Occupation, if other than household duties -

Name of informant Bruce Wilford

Address Ingersoll

Name of Physician in attendance Dr. Cairnie

Date of receipt of Physician's notice July 24th 1927 Date of receipt of parents' registration July 31st 1927

No. 5

Street and Number of Con. and Lot (if in hospital, give name instead of street) Victoria Street East

Surname Collins

Given names in full William Hannah

Sex (M. or F.) M Twin or Triplet  Was child born alive? Yes

Date of Birth July 3rd 1927

Place of Parents' Marriage London

Date of Marriage Aug 14th 1913

FATHER

Full name William Hannah Collins Age last birthday 44

Usual residence Ingersoll

Racial origin Scottish Birthplace Ontario

TRADE OR PROFESSION

Trade or Profession Labourer

Kind of industry or business in which employed Factory

MOTHER

Full maiden name Wilhelmina Davidson Age last birthday 44

Usual residence Ingersoll

Racial origin Scottish Birthplace Ontario

Number of children including this one 6 living 6 dead 0 Still-born 0

Occupation, if other than household duties -

Name of informant Mrs W. H. Collins

Address Ingersoll

Name of Physician in attendance Dr. Cairnie

Date of receipt of Physician's notice July 31st 1927 Date of receipt of parents' registration July 1927

I hereby certify that the above are correct registrations of Births filed with me during the month of July 1927



# BIRTHS

Agnès corinne vallee, james francis leo vallee, zelda viola drolet, charles richardson gould, claris gould, pearl alda richardson, john ernest hugh empey, john harold lempy, alva irene foster, lloyd cortland morris, roy alexander morris, grace laurene fleming, william harry groom, ernest william groom, harriet irene moyer, barbara louise goebelle, norman john goebel, rachel reva horsman horseman

FORM 7-26

County of Jefferson Division of Dyersdale

No. 1		No. 2		No. 3	
Street and Number or Con. and Lot <u>John Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>John Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Andrew Hoopler</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Vallee</u>		Surname <u>Fleming</u>		Surname <u>Brown</u>	
Given names in full <u>Agnes Corinne</u>		Given names in full <u>John Ernest Hugh</u>		Given names in full <u>William Henry</u>	
Sex (M. or F.) <u>F</u> <small>Twin or Triplet?</small> <u>No</u> <small>Was child born alive?</small> <u>Yes</u>		Sex (M. or F.) <u>M</u> <small>Twin or Triplet?</small> <u>No</u> <small>Was child born alive?</small> <u>Yes</u>		Sex (M. or F.) <u>M</u> <small>Twin or Triplet?</small> <u>No</u> <small>Was child born alive?</small> <u>Yes</u>	
Date of Birth <u>Dec 2nd 1926</u>		Date of Birth <u>Dec 13th 1926</u>		Date of Birth <u>Jan 4th 1927</u>	
Place of Parents' Marriage <u>Port Richmond</u>		Place of Parents' Marriage <u>Dyersdale</u>		Place of Parents' Marriage <u>Dyersdale</u>	
Date of Marriage <u>Aug 11th 1923</u>		Date of Marriage <u>Nov 29th 1919</u>		Date of Marriage <u>May 15th 1925</u>	
<b>FATHER</b> Full name <u>James Leo Vallee</u> Usual residence <u>Dyersdale</u> Age last birthday <u>26</u> Racial origin <u>French</u> Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>Machines</u>		<b>FATHER</b> Full name <u>Robert Lawrence Fleming</u> Usual residence <u>Dyersdale</u> Age last birthday <u>25</u> Racial origin <u>English</u> Trade or Profession <u>Chaffer</u> Kind of industry or business in which employed <u>Small Business</u>		<b>FATHER</b> Full name <u>Thomas William Brown</u> Usual residence <u>Dyersdale</u> Age last birthday <u>29</u> Racial origin <u>English</u> Trade or Profession <u>Shoe repairs</u> Kind of industry or business in which employed <u>Shoe</u>	
<b>MOTHER</b> Full maiden name <u>Edith A. Drolet</u> Usual residence <u>Dyersdale</u> Age last birthday <u>21</u> Racial origin <u>French</u> Number of children including this one <u>2</u> living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		<b>MOTHER</b> Full maiden name <u>Alva Irene Foster</u> Usual residence <u>Dyersdale</u> Age last birthday <u>24</u> Racial origin <u>English</u> Number of children including this one <u>2</u> living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		<b>MOTHER</b> Full maiden name <u>Harriet Irene Moyer</u> Usual residence <u>Dyersdale</u> Age last birthday <u>22</u> Racial origin <u>English</u> Number of children including this one <u>2</u> living <u>2</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of informant <u>J. L. Vallee</u>		Name of informant <u>Robert Lawrence Fleming</u>		Name of informant <u>Thomas Ernest Brown</u>	
Address <u>Dyersdale</u>		Address <u>Dyersdale</u>		Address <u>Dyersdale</u>	
Name of Physician in attendance <u>D. Larnish</u>		Name of Physician in attendance <u>D. Larnish</u>		Name of Physician in attendance <u>D. Larnish</u>	
Date of receipt of Physician's notice <u>Jan 1927</u>		Date of receipt of Physician's notice <u>Jan 1927</u>		Date of receipt of Physician's notice <u>Jan 1927</u>	
No. 4		No. 5		No. 6	
Street and Number or Con. and Lot <u>Andrew Hoopler</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>John Street</u> <small>(If in hospital, give name instead of street)</small>		Street and Number or Con. and Lot <u>Andrew Hoopler</u> <small>(If in hospital, give name instead of street)</small>	
Surname <u>Saunder</u>		Surname <u>Morris</u>		Surname <u>Hoopler</u>	
Given names in full <u>Charles Richardson</u>		Given names in full <u>Lloyd Cortland</u>		Given names in full <u>Barbara Louise</u>	
Sex (M. or F.) <u>M</u> <small>Twin or Triplet?</small> <u>No</u> <small>Was child born alive?</small> <u>Yes</u>		Sex (M. or F.) <u>M</u> <small>Twin or Triplet?</small> <u>No</u> <small>Was child born alive?</small> <u>Yes</u>		Sex (M. or F.) <u>F</u> <small>Twin or Triplet?</small> <u>No</u> <small>Was child born alive?</small> <u>Yes</u>	
Date of Birth <u>Dec 2nd 1926</u>		Date of Birth <u>Dec 27th 1926</u>		Date of Birth <u>Jan 4th 1927</u>	
Place of Parents' Marriage <u>Dyersdale</u>		Place of Parents' Marriage <u>Dyersdale</u>		Place of Parents' Marriage <u>Dyersdale</u>	
Date of Marriage <u>July 2nd 1925</u>		Date of Marriage <u>July 27th 1926</u>		Date of Marriage <u>Dec 16th 1924</u>	
<b>FATHER</b> Full name <u>Claris Saunder</u> Usual residence <u>Dyersdale</u> Age last birthday <u>33</u> Racial origin <u>English</u> Trade or Profession <u>Merchant</u> Kind of industry or business in which employed <u>Fish</u>		<b>FATHER</b> Full name <u>Ray Alexander Morris</u> Usual residence <u>Dyersdale</u> Age last birthday <u>22</u> Racial origin <u>English</u> Trade or Profession <u>Mechanic</u> Kind of industry or business in which employed <u>Shanty</u>		<b>FATHER</b> Full name <u>Norman John Hoopler</u> Usual residence <u>Windsor</u> Age last birthday <u>33</u> Racial origin <u>German</u> Trade or Profession <u>Line Engineer</u> Kind of industry or business in which employed <u>-</u>	
<b>MOTHER</b> Full maiden name <u>Paula Alida Richardson</u> Usual residence <u>Dyersdale</u> Age last birthday <u>30</u> Racial origin <u>English</u> Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		<b>MOTHER</b> Full maiden name <u>Grace Lawrence Fleming</u> Usual residence <u>Dyersdale</u> Age last birthday <u>19</u> Racial origin <u>English</u> Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>		<b>MOTHER</b> Full maiden name <u>Rachel Reva Hoopler</u> Usual residence <u>Windsor</u> Age last birthday <u>36</u> Racial origin <u>Irish</u> Number of children including this one <u>1</u> living <u>1</u> dead <u>0</u> Still-born <u>0</u> Occupation, if other than household duties <u>-</u>	
Name of informant <u>C. Saunder</u>		Name of informant <u>Barbara Morris</u>		Name of informant <u>Ada L. Hoopler</u>	
Address <u>Dyersdale</u>		Address <u>Dyersdale</u>		Address <u>Dyersdale</u>	
Name of Physician in attendance <u>D. Larnish</u>		Name of Physician in attendance <u>D. Larnish</u>		Name of Physician in attendance <u>D. Larnish</u>	
Date of receipt of Physician's notice <u>Jan 1927</u>		Date of receipt of Physician's notice <u>Jan 1927</u>		Date of receipt of Physician's notice <u>Jan 1927</u>	

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