

## (1) PLACE OF BIRTH

County of North  
 Township of Hebron  
 or  
 Inc. Town of .....  
 or  
 City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; ..... Ward)

(2) Full Name of Child Mary Ellen

File No.—For State Registrar Only

43764

Registration District No. 330.4 Registered No. 21  
 (For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH: Dec 22 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Wilson  
 (9) PRESENT POSTOFFICE OF FATHER Ches Sc  
 (10) COLOR OR RACE Cw (11) AGE AT LAST BIRTHDAY 34  
 (Years)  
 (12) BIRTHPLACE Sc  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Peterkin  
 (15) PRESENT POSTOFFICE OF MOTHER Ches Sc  
 (16) COLOR OR RACE Cw (17) AGE AT LAST BIRTHDAY 32  
 (Years)  
 (18) BIRTHPLACE Sc  
 (19) OCCUPATION Labourer

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Isabella Jones  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) File Dec 22 22 (28) W. H. Woodley  
 Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. M.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the