Form 2

PROVINCE OF ONTARIO
THE VITAL STATISTICS ACT
STATEMENT OF BIRTH

502451
(For use of Registrar-General only)

1. PLACE OF BIRTH: City, Town or Village of Napanee Street Address Bridge Street (If birth took place in a hospital or other institution, state the name thereof)

Township of ~~Lennox & Addington~~ County of ~~xxxxxxxxx~~ Lennox and Addington

2. PRINT NAME OF CHILD IN FULL: JOY (Surname) ROSE MARIE (Given names)

3. SEX Female (Write male or female)

4. (1) Single [X] Twin [ ] Triplet [ ] Other [ ] (Place X in the proper square) (2) If "OTHER" state the number.......

(3) If a twin, triplet or other, state whether the child was born first, second, third, et cetera

5. DATE OF BIRTH June (Month by name) 24 (Day) 1888 (Year)

6. THE MOTHER OF THE CHILD IS: Single [ ] Married [X] Widowed [ ] Divorced [ ] (Place X in the proper square)

7. WEIGHT OF CHILD AT BIRTH Dont Know (lbs and ozs or grams)

8. LENGTH OF PREGNANCY IN COMPLETED WEEKS Dont Know

PARTICULARS OF HUSBAND

(Before completing items 9 to 15, both inclusive, read note 1.)

9. PRINT NAME IN FULL: JOY (Surname) GARRETT BEADLE (Given names)

10. PERMANENT ADDRESS [illegible] (Street address if any) NAPANEE ONT (Township or Municipality)

11. CITIZENSHIP Canadian (See note 2)

12. RACIAL ORIGIN England (See note 3)

13. AGE 33 (At time of this birth)

14. PLACE OF BIRTH Ontario (Province, State or Country)

15. OCCUPATION (1) TRADE, PROFESSION OR KIND OF WORK Sawmill Operator (See note 4)
(2) TYPE OF INDUSTRY OR BUSINESS Lumber (See note 5)

MOTHER

16. PRINT MAIDEN NAME (Name before Marriage): MANCUR (Surname) MARIA HARRIET (Given names)

17. PERMANENT ADDRESS (Street address if any) NAPANEE ONT (Township or Municipality)

18. CITIZENSHIP Canadian (See note 2)

19. RACIAL ORIGIN England (See note 3)

20. AGE 27 (At time of this birth)

21. PLACE OF BIRTH (Province, State or Country)

22. OCCUPATION (1) TRADE, PROFESSION OR KIND OF WORK Housewife (See note 6)
(2) TYPE OF INDUSTRY OR BUSINESS at home (See note 7)

23. HOW MANY CHILDREN BORN TO THIS MOTHER BEFORE THIS BIRTH:
(a) were born alive? 2 (b) are now living?.......
(c) were born dead after the mother was pregnant at least 28 weeks?.......

24. MEDICAL PRACTITIONER OR NURSE IN ATTENDANCE AT THIS BIRTH: [illegible] (Surname) (Given name or initials) (Post-office address)

(See note 8)

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ITEMS 1 TO 24, BOTH INCLUSIVE, ARE TRUE AND CORRECT.

x Rose March (Month by name) 14 (Day) 1958 (Year)

Napanee, Ontario. (Post-office address) x Rose Marie Joy (Signature)

(This space for use of division registrar only)

REGISTRATION NUMBER.......

I am satisfied as to the correctness and sufficiency of this statement and register the birth by signing the statement

this APR 11 1958 (Month by name) (Day) (Year)

O.R.G. AUTHORITY R.S.O. 1950 CHAPT. 413 S. 8 [signature] (Signature of division registrar)

SUPERVISOR BELIEVED REGISTRATION

APR 11 1958

(Code number)

9004—2.7: 20-11-56

DATE APR 11 1958 CLERK

000792

EVIDENCE NO. ....

SPECIAL NOTICE
THIS FORM TO BE MAILED TO THE MUNICIPAL CLERK OF THE MUNICIPALITY IN WHICH THE CHILD WAS BORN. Family Allowance must be applied for on a Family Allowance application form obtainable at any Post Office. If the application is delayed more than 30 days from the child's birth date, Family Allowance payments for one or more months will be lost.