Form 2

PROVINCE OF ONTARIO
THE VITAL STATISTICS ACT, 1948

STATEMENT OF BIRTH

50146
(For use of Registrar-General only)

1. PLACE OF BIRTH
City, Town or Village of Osceola Street Address –
(If birth took place in a hospital or other institution, state the name thereof)
Township of Bromley County or Territorial District of Renfrew

2. PRINT NAME OF CHILD IN FULL
JAMES (Surname)
GILLIS (Given names)

3. SEX M (Write male or female)

4. (1) Single ☑ 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 J. J May 12th (Month by name) 12th (Day) 1876 ~~1877~~ (Year)

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

7. WAS THE BIRTH PREMATURE? No
8. IF PREMATURE STATE LENGTH OF PREGNANCY IN WEEKS –

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

9. PRINT NAME IN FULL
BERNARD (Surname)
GILLIS (Given names)

10. PERMANENT ADDRESS Osceola Renfrew County

11. CITIZENSHIP Canadian (See note 2)

12. RACIAL ORIGIN Irish (See note 3)

13. AGE 33 (At time of this birth) **14.** PLACE OF BIRTH Ont (Province, State or Country)

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

MOTHER

16. PRINT MAIDEN NAME IN FULL
MARY (Surname)
MCGEE (Given names)

17. PERMANENT ADDRESS Osceola Renfrew County

18. CITIZENSHIP Canadian (See note 2)

19. RACIAL ORIGIN Irish (See note 3)

20. AGE 31 (At time of this birth) **21.** PLACE OF BIRTH Ont (Province, State or Country)

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

23. HOW MANY CHILDREN BORN TO THIS MOTHER **BEFORE THIS BIRTH:**
(a) were born alive? 4 (b) are now living? 1
(c) were born dead after the mother was pregnant at least 28 weeks? –

24. MEDICAL PRACTITIONER OR NURSE IN ATTENDANCE AT THIS BIRTH
(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.

November 8th 1949
(Month by name) (Day) (Year)

R.R 2 Newmarket Ont
(Post-office address)

James Gillis
(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 FEB 15 1950
(Month by name) (Day) (Year)

Feb 15 - 50

G Routcliffe
(Signature of division registrar)

(Code number)

D. R. B. NO.
AUTHORITY V. S. A. 1948 S. 9
DATE FEB 15 1950 BY 000323