

502885

(For use of Registrar General only)

IMPORTANT Gillis

PLEASE ATTACH THIS LABEL TO CORRESPONDENCE WHEN
WRITING TO THE REGISTRAR GENERAL

File reference 242741-72

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PROVINCE OF ONTARIO

THE VITAL STATISTICS ACT

DELAYED STATEMENT OF BIRTH

Full Name of Child *Gillis* *MARIAN Phoebe*
Last Name First Names

Date of Birth *April* *21st* *1910* Sex *Female*
Month Day Year

Place of Birth *CITY OF OTTAWA* *CARLETON*
City, Town, Village or Township County

If in hospital or institution, give name *N/A*

PLEASE TYPE OR PRINT IN BLACK INK

PRINT NAME IN FULL

FATHER

Gillis
Last Name
Bernard
First Names

PRINT MAIDEN NAME

MOTHER

Patterson
Last Name (MAIDEN)
MARY Jane
First Names

Birthplace *OTTAWA* Birthplace *OTTAWA*

I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at *Peterborough* this *29th* day of *MARCH* 19*72*

Mrs. Phoebe Goodfellow
Signature of Informant

This space for use of Registrar General only

I REGISTER THE BIRTH BY SIGNING THIS STATEMENT

this day of *APR 17 1972* 19..... at Toronto, Ontario.

S.R.B.
AUTHORITY R.S.O. 1880
CHAPT. 412 S. 3
DATE *APR 17 1972* CLERK *[Signature]*

[Signature]
Deputy Registrar General
SUPERVISOR OF DELAYED REGISTRATIONS

EVIDENCE NO. *000801*

D.R.B. File #.....