

[SCHEDULE A.]

02 03

006003

BIRTHS.

Registration Division of Madawaska County.

RETURN OF PHYSICIAN, PARENT, OR OTHER PERSON, TO DIVISIONAL REGISTRAR.

When and Where Born, April 15th 1902 St. Basil

Name and Sex, Albert Donat Male

Name of Father, Reini Soucy

Occupation, Farmer

Maiden Name of Mother, Elice Martin

Name of Accoucheur, Mrs. L. L. L. L.

Signature of Parent, Physician, or other person, and Post Office Address.

L. L. L. L. L.
St. Basil, N.B.

NOTE.—The above return is to be filled in carefully and accurately by the Physician, Parent, or other person, and forwarded to the Division Registrar.