

SCHEDULE A.

Count of _____

No.	NAME.	SEX M. or F.	DATE OF BIRTH.		NAME OF FATHER.	MAIDEN NAME OF MOTHER.
	Surname First:		Month.	Year.		
	<i>Soucie Joseph</i>		<i>Apr</i>	<i>1900</i>	<i>Henri Soucie</i>	<i>Eugenie Brojeau</i>

BIRTHS.

Division of _____

RESIDENCE AND OCCUPATION OF FATHER.	NAME OF PHYSICIAN IN ATTENDANCE.	NAME OF PERSON MAKING RETURN.	DATE OF REGISTRATION.	REMARKS.
<i>Sturacom Falls...</i>	<i>F. C. Bibeau</i>	<i>Am J. Brien</i>	<i>1900</i> <i>July 5</i>	028699