FORM 4.

PROVINCE OF BRITISH COLUMBIA

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE

DIVISION OF VITAL STATISTICS

43 031

Reg. No. (Office use only)

98-09-909740

REGISTRATION OF A LIVE BIRTH

1. PLACE OF BIRTH

Name of city, village, town, district municipality or place ..... Vancouver British Columbia
(If outside city or municipal limits add "Rural")

Name of hospital ..... 431 PRINCESS ST., VANCOUVER, B.C.
(If birth occurred at home, give house number and street address)

2. PRINT NAME OF CHILD .....

Surname ..... GEARY

Given or Christian names in FULL ..... CLARENCE (first) GEORGE (second) (third, etc., if any)

3. Sex of child	4.(a) Single, Twin, Triplet or other	(b) If Twin, Triplet or other, state whether this child was born first, second, third, etc.	5. Are parents married to each other?	6. Date of birth
MALE.	SINGLE		YES (Yes or No)	FEBRUARY (Month by name) 15 (Date) 1898 (Year)

7. TOTAL NUMBER OF CHILDREN BORN TO THIS MOTHER

(a) Number born alive including this birth ..... THREE

(b) Number living at date of this birth including this child ..... THREE

(c) Number born dead after twenty weeks' pregnancy ..... NONE

8. (a) Weight of child at birth (lb. and oz. or grams) .....

(b) Length of pregnancy in completed weeks .....

9. (a) Name of doctor, etc., in attendance at birth ..... DR. LANGLS .....

(b) Address of doctor, etc., in attendance .....

	FATHER	MOTHER
10. PRINT full name	(a) GEARY (Surname) GEORGE HENRY (All given or Christian names in full)	(b) JOHNSTON (Maiden surname) ISABELLA (All given or Christian names in full)
11. Citizenship	(a) CANADIAN	(b) CANADIAN
	Citizenship (Nationality) is defined in terms of the country to which the person owes allegiance. The term *"Canadian"* should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.	
12. Racial origin	(a) ENGLISH	(b) CANADIAN
	State the racial origin, traced through the father, in terms of the people or race to which the person belongs such as: – English, Scottish, German, etc. or in terms of one of the following racial groups: – White, native Indian, Negro, Chinese, Japanese or other.	
13. Age	(a) at time of this birth 38 years.	(b) at time of this birth 39 years.
14. Birthplace	(a) HASTINGS (City or place) ENGLAND (Province or country)	(b) VICTORIA (City or place) BRITISH COLUMBIA (Province or country)
15. Occupation	(a) ACCOUNTANT	(b) AT HOME
	Trade, profession, or kind of work, as logger, fisherman, office clerk, saleswoman, stenographer, etc.	
	(c)	(d) .....
	Kind of industry or business, as logging, fishing, bank, retail grocery, real estate office, etc. (If labourer, specify kind of work above)	(If housewife in own home, answer "At home")

16. Permanent residence of child's mother at time of this birth: 431 (House No.) PRINCESS STREET (Name of street or road) 43-031-06

VANCOUVER, B.C. (Name of city, municipality, settlement, etc.) (Province)

17. Mailing address (if same as item 16 answer – "As above"): AS ABOVE (P.O. Box No. / Rural Route No. / Place / Province)

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

Given under my hand at VICTORIA (Name of city, etc.) this 9 day of December, 1964

Edmund M. Geary (Written signature of parent) applicant

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Notations. REGISTRATION RECOMMENDED/FILE NO. DRB 21771 J. Duncan

I hereby certify that the above return was made to me at VICTORIA, B.C.

on the 10th day of FEBRUARY, 19 65

District Registration No. .....

J. H. Doughty

Director

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9004–2.12: 12-2-63

(SEE REVERSE SIDE FOR INSTRUCTIONS)

MAILING INSTRUCTIONS

IMPORTANT: All changes or corrections made when completing this form must be initialled by the person signing the form.

This form if placed in an envelope on which is printed "Dominion Statistics – Free, penalty for improper use $50", and properly addressed to the nearest District Registrar of Births, Deaths, and Marriages, will pass through the mail "FREE".