Schedule B.

N. B.—Record all still-births as births, as well as deaths.

BIRTHS

County of Renfrew Division of Bolton

		Surname first	Surname first	Surname first
What is the full name of child?	1*	Peever. Harold. Holland.	Hickey. Thomas Alfred	~~Surname first~~
When was the child born?	2	January 16. 1910	Feb 2. 1910	2
Where was the child born? Street number or Concession and Lot.	3	If in a hospital give its name. Bolton	If in a hospital give its name. Village of Bolton	If in a hospital give its name.
Male or Female.	4	Male	Male	4
Are the parents married?	5	yes	yes	5
Full name of Father.	6	Ezra Henry Peever	William John Hickey	6
Occupation of Father?	7	Laborer	Blacksmith	7
Full Maiden Name of Mother.	8	Nina Vera Phillips	Mary Jane Roach	8
If she has been more than once married give names of former husband, or husbands.	9	-	not married before	9
Where were the parents married?	10	Admaston	Osceola	10
When were they married?	11	Aug 7 1907	May 4. 1903	11
If not married give full Name of Mother.	12	-	-	12
Is she single, or a Widow? If a widow state name, occupation, and date of husband's death.	13	- 042903	- 042904	13
What is her occupation?	14	-	-	14
Name of Physician attending.	15	Dr Magi	A R Mair M.D.	15
Your relation to child.	16	Father	Father	16
Were you in house at time of Birth?	17	yes	yes	17
Certified by	18	Ezra Henry Peever	William J Hickey	18
Address		Bolton	Bolton	
Date		Jan 27. 1910	Feb. 28. 1910	
Remarks				

		Surname first	Surname first	Surname first
What is the full name of child?	1*			1
When was the child born?	2			2
Where was the child born? Street number or Concession and Lot.	3	If in a hospital give its name.	If in a hospital give its name.	3 If in a hospital give its name.
Male or Female.	4			4
Are the parents married?	5			5
Full name of Father.	6			6
Occupation of Father?	7			7
Full Maiden Name of Mother.	8			8
If she has been more than once married give names of former husband, or husbands.	9			9
Where were the parents married?	10			10
When were they married?	11			11
If not married give full Name of Mother.	12			12
Is she single, or a Widow? If a widow state name, occupation, and date of husband's death.	13			13
What is her occupation?	14			14
Name of Physician attending.	15			15
Your relation to child.	16			16
Were you in house at time of Birth?	17			17
Certified by	18			18
Address				
Date				
Remarks				

I hereby certify the foregoing to be the true and correct entries of all Births returned to me for the quarter year ending March 31 19~~10~~

Given under my hand this 5th day of April A.D. 19~~10~~

Joseph R Warren Division Registrar of Bolton

*N.B.—The reference numbers relate to those found in Form 2 or 3, as an aid to transcribing.