

Huldah Belle Beirnes Delayed Statement of Birth

4N-68-6314  
Form 5

502575

(For use of Registrar General only)

PROVINCE OF ONTARIO  
THE VITAL STATISTICS ACT

DELAYED STATEMENT OF BIRTH

Full Name of Child BEIRNES.....HULDAH.....BELLE  
Last Name First Names

Date of Birth FEBRUARY.....13.....1909..... Sex FEMALE  
Month Day Year

Place of Birth HOLLAND Twp.....GREY  
City, Town, Village or (Township) County

If in hospital or institution, give name .....

PLEASE TYPE OR PRINT IN BLACK INK

	FATHER		MOTHER
PRINT NAME IN FULL	..... <u>BEIRNES</u> ..... Last Name	PRINT MAIDEN NAME	..... <u>ADAMS</u> ..... Last Name (maiden)
	..... <u>GEORGE</u> ..... First Name		..... <u>EVA BELLE</u> ..... First Name

Birthplace HOLLAND.....GREY.....Michigan.....U.S.A.  
Birthplace

I certify the foregoing to be true and correct to the best of my knowledge and belief.  
Given under my hand at VANCOUVER, this 13 day of APRIL 1970.  
H. B. Lachin  
Signature of Informant

This space for use of Registrar General only

I REGISTER THE BIRTH BY SIGNING THIS STATEMENT

this ..... day of ..... APR 28 1970 ..... at Toronto, Ontario.

D.R.B.  
AUTHORITY R.E.O. 1850  
CHAPT. 412 S. 2  
DATE APR 28 1970 CLERK [Signature]

[Signature]  
Deputy Registrar General  
SUPERVISOR OF DELAYED REGISTRATIONS

EVIDENCE NO. 000892

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

NOTE: Form 6 on reverse side must be completed.