

IDENTIFICATION CARD

CARTE D'IDENTITE

Name *P.A. TASTAD*
 Nom *BOX 215, STRONGFIELD, SASK.*
 Street *BOX 320*
 Rue *Canada*
 City *Sask*
 Ville *Sask*
 Province *Sask* Tel. No. *857-4740*
 Social Insurance No. *611 588 344*
 No. d'Assurance Sociale
 In case of accident or serious illness please notify
 En cas d'accident ou de maladie grave, prière de prévenir
 Name *R.G. TASTAD*
 Nom *BOX 215, STRONGFIELD, SASK.*
 Address *BOX 320*
 Adresse *MADE IN ENGLAND*

Scandinavian
 Historical
 Society



40 - Glenmore Crescent
 St. Albert, Alberta
 Canada

Membership Card - 1972

Mr. *Mrs & Mrs P.A. Tastad*
 Mrs.
 Miss
 Member Since *1969*
 Year *R.O. Olson, Edmonton, Alberta*
 Authorization *Fee \$5.00*

PROVINCE OF SASKATCHEWAN

DIVISION OF VITAL
 STATISTICS



DEPARTMENT OF
 PUBLIC HEALTH

BIRTH DATE

Nov. 8, 1913

REGISTRATION NO.

13-07-010909

NAME

Peder Arthur Tastad

BIRTHPLACE

Sec. 6, Tp. 29, Rge. 5, W. 3, Saskatchewan

REGISTRATION DATE

SEX

DATE ISSUED

Dec. 18, 1913 Male

Feb. 26, 1971

CERTIFIED EXTRACT FROM
 REGISTRATION OF BIRTH

ISSUED AT
 REGINA, SASKATCHEWAN, CANADA

W.M. Reed

DIRECTOR

CERTIFICATE OF BIRTH