

FORM A

This form, if placed in an envelope marked "Dominion Statistics Free, Penalty for improper use \$300", and addressed to the Registrar of the Registration Division in which the birth occurred will pass through the Mail "FREE"

PROVINCE OF SASKATCHEWAN

Record No. 1717231
For use of Department only

RECORD OF REGISTRATION OF BIRTH

(BY PARENT OR GUARDIAN)

Registration Division of Loueburn Municipality No. 254

1 Place of Birth (Give street and No. if in city. If outside the limits of a city, town or village, give Sec., Tp. and Range; if in hospital give its name.)						
<u>St 4-27-5W3</u>						
2 Full name of child (if child died without being given a name, write the words "died unnamed".)						
<u>Ruth Elson Elaine Tostad</u>						
3 Sex of child	4 Single, twin, triplet or other?	5 Was the child born alive?	6 Are parents married?	7 Date of birth?		
<u>Female</u>	<u>Single</u>	<u>Yes</u> (Answer, yes or no)	<u>Yes</u> (Answer, yes or no)	<u>November 11/1931</u> Month, day, year		

FATHER

8 Full name		<u>Eustar Leovin Tostad</u>	
9 Residence (Usual place of abode) if non-resident give place and province.		<u>St 4-27-5W3 NW 1/4</u>	
10 Racial origin (See note in margin)	<u>Norwegian</u>	11 Age last birthday	<u>52</u> years
12 Birthplace (City or place, province or country)			
<u>Norway</u>			
13 Occupation			
(a) Trade or profession <u>Farming</u>			
(b) Business in which employed			

MOTHER

14 Full maiden name		<u>Hanna b. Skyre</u>	
15 Residence (Usual place of abode) if non-resident, give place and province.		<u>St 4-27-5W3 NW 1/4</u>	
16 Racial origin (See note in margin)	<u>Norwegian</u>	17 Age last birthday	<u>44</u> years
18 Birthplace (City or place, province or country)			
<u>South Dakota USA</u>			
19 Children of this mother (including this birth) (taken as at time of this birth)			
Number born alive		Number now living	Number stillborn (born dead)
<u>10 11</u>		<u>10</u>	<u>None</u>

20 Was this a premature birth?		<u>No</u>	
21 Where were the parents married?		22 When were the parents married?	
<u>Pier Point South Dakota</u>		<u>March 24/1906</u>	
23 Post Office address of Informant			
<u>Loueburn Sask.</u>			
24 Name and address of Attendant at birth			
<u>Dr J.A. Monkman Loueburn</u>			

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

Given under my hand at Loueburn this 28th day of November 1931

G.L. Tostad
Informant.

I hereby certify that the above return was made to me at Loueburn
Sask. on the 28th day of November 1931

Amurson
Registrar.

REMARKS:—

FOR GENEALOGY ONLY

WRITE IN LEGIBLE HANDWRITING. USE BLACK INK. DO NOT ABBREVIATE. ANSWER ALL QUESTIONS.

N.B.—In case of more than one child at a birth, a Separate Return must be made for each, and the number of each, in order of birth, stated. RACIAL ORIGIN will be described by stating to what people or tongue each of the parents belongs, whether English, Irish, Scotch, French, German, Russian, Rutchman, Slovak, Galician, etc. The words "Canadian" or "American" should not be used, as they express nationality or citizenship but not a race or people.

CERTIFIED A PHOTOGRAPHIC PRINT OF THE REGISTRATION ON FILE AT THE DIVISION OF VITAL STATISTICS, REGINA, SASKATCHEWAN, CANADA.

Wilmer Berg
DIRECTOR OF VITAL STATISTICS

DATED JUL 24 1987