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## PROVINCE OF SASKATCHEWAN

Record No. 1717231  
For use of Department only

## RECORD OF REGISTRATION OF BIRTH

(BY PARENT OR GUARDIAN)

Registration Division of Leweburn 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>SE 4-27-5W3</u>                                                                              |                        |
| 2 Full name of child (if child died without being given a name, write the words "died unnamed".)                                                             |                                   | <u>Ruth Elaine Tostad</u>                                                                       |                        |
| 3 Sex of child                                                                                                                                               | 4 Single, twin, triplet or other? | 5 Was the child born alive?                                                                     | 6 Are parents married? |
| <u>Female</u>                                                                                                                                                | <u>Single</u>                     | <u>Yes</u>                                                                                      | <u>Yes</u>             |
| 7 Date of birth?                                                                                                                                             |                                   | <u>November 11/1931</u>                                                                         |                        |
| FATHER                                                                                                                                                       |                                   |                                                                                                 |                        |
| 8 Full name                                                                                                                                                  |                                   | <u>Gustav Leon Tostad</u>                                                                       |                        |
| 9 Residence (Usual place of abode) if non-resident give place and province.                                                                                  |                                   | <u>SE 4-27-5W3</u>                                                                              |                        |
| 10 Racial origin (See note in margin)                                                                                                                        |                                   | <u>Norwegian</u>                                                                                |                        |
| 12 Birthplace (City or place, province or country)                                                                                                           |                                   | <u>Norway</u>                                                                                   |                        |
| 13 Occupation                                                                                                                                                |                                   | <u>Farming</u>                                                                                  |                        |
| MOTHER                                                                                                                                                       |                                   |                                                                                                 |                        |
| 14 Full maiden name                                                                                                                                          |                                   | <u>Hanna b. Skyre</u>                                                                           |                        |
| 15 Residence (Usual place of abode) if non-resident, give place and province.                                                                                |                                   | <u>SE 4-27-5W3</u>                                                                              |                        |
| 16 Racial origin (See note in margin)                                                                                                                        |                                   | <u>Norwegian</u>                                                                                |                        |
| 17 Age last birthday                                                                                                                                         |                                   | <u>44</u>                                                                                       |                        |
| 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 <u>11</u> Number now living <u>10</u> Number stillborn (born dead) <u>one</u> |                        |
| 20 Was this a premature birth?                                                                                                                               |                                   | <u>No</u>                                                                                       |                        |
| 21 Where were the parents married?                                                                                                                           |                                   | <u>Pier Point South Dakota</u>                                                                  |                        |
| 22 When were the parents married?                                                                                                                            |                                   | <u>March 24/1906</u>                                                                            |                        |
| 23 Post Office address of Informant                                                                                                                          |                                   | <u>Leweburn Sask.</u>                                                                           |                        |
| 24 Name and address of Attendant at birth                                                                                                                    |                                   | <u>Dr J A Monkman Leweburn</u>                                                                  |                        |

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

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

G L Tostad  
Informant.

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

Hamison  
Registrar.

REMARKS:—

FOR GENEALOGY ONLY

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

THIS 19th DAY OF JUNE 1987

Wilmer Berg  
DIRECTOR OF VITAL STATISTICS

WRITE IN LEGIBLE HANDWRITING. USE 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, Ruthenian, Slovak, Galician, etc. The words "Canadian" or "American" should not be used, as they express nationality or citizenship but not a race or people.