

FORM A

This form is placed in an envelope marked "Canadian Statistics Form, Request for Improvements (1987)", and addressed to the Registrar of the Registration Division in which the birth occurred with care through the Mail "9888".

PROVINCE OF SASKATCHEWAN

Record No. 176
For use of Registrars only

RECORD OF REGISTRATION OF BIRTH

(BY PARENT OR GUARDIAN)

Registration Division of Saskatoon Municipality No. 7

1 Place of Birth. (Give street and No. if in city. If outside the limits of a city, town or village, give Sec., Twp. and Range if in hospital give its name) City Hospital, Saskatoon

2 Full name of child (If child died without being given a name, write the words "did unnamed") Ronald Denis Fuller

3 Sex of child Male 4 Single, twin, triplet or other Single 5 Was the child born alive? Yes (Answer "Yes" or "No") 6 Are parents married? Yes (Answer "Yes" or "No") 7 Date of birth January 24, 1932

FATHER

8 Full name William Earl Fuller

9 Residence (Usual place of abode) if rural, sec., tp., rgs. and P.O. address, if non-resident give place and province 703 Avenue L. N. Saskatoon

10 Racial origin (See note in margin) Irish 11 Age last birthday 37 years

12 Birthplace (City or place, province or country) Ontario

13 Occupation (a) Trade or profession Salesman (b) Business in which employed Swift Transportation Co.

MOTHER

14 Full maiden name Netta Irene Beirnes

15 Residence (Usual place of abode) if rural, sec., tp., rgs. and P.O. address, if non-resident, give place and province 703 Avenue L. N. Saskatoon

16 Racial origin (See note in margin) Irish 17 Age last birthday 37 years

18 Birthplace (City or place, province or country) Ontario

19 Children of this mother (including this birth) (taken as at time of this birth) Number born alive 4 Number now living 4 Number deceased (Give date) _____

20 Was this a premature birth? No

21 Where were the parents married? Saskatoon 22 When were the parents married? June 5, 1922

23 Post Office address of Informant Saskatoon

24 Name and address of Attendant at birth Dr. J. T. Mackay, Saskatoon

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

Given under my hand at Saskatoon this 27th day of January, 1932
W. E. Fuller
Registrar

I hereby certify that the above return was made to me at Saskatoon on the 27th day of January, 1932
W. E. Fuller
Registrar

REMARKS:—

FOR GENEALOGY ONLY

WRITE IN LEGIBLE HANDWRITING. USE UNFADING 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 race each of the parents belongs, whether English, Irish, Scotch, French, German, Russian, Rumanian, Slavonic, etc. The words "Canadian" or "American" should not be used, as they agree nationality or citizenship but not a race or people.

RECEIVED BY THE REGISTRAR OF THE DIVISION OF VITAL STATISTICS, CANADA

W. E. Fuller

DIRECTOR OF VITAL STATISTICS

DEC 1 1937

DATED