

Schedule B.

N.B.—Record all still-births as births, as well as deaths.

# BIRTHS

County of Parry Sound Division of Parry Sound

	Surname first. <u>045256</u>	Surname first. <u>045257</u>	Surname first. <u>045258</u>
1 What is the full name of child?	<u>Allard, Flossie Elizabeth</u>	<u>Hunsley, Eva Jennie Adele</u>	<u>James Dick Walker</u>
2 When was the child born?	<u>March 29<sup>th</sup> 1915</u>	<u>March 12<sup>th</sup> 1915</u>	<u>March 19<sup>th</sup> 1915</u>
3 Where was the child born? Street number or Concession and Lot.	<u>Parry Sound</u>	<u>Parry Sound</u>	<u>Parry Sound</u>
4 Male or Female.	<u>Female</u>	<u>Female</u>	<u>Male</u>
5 Are the parents married?	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
6 Full name of Father.	<u>Thomas Theodore Allard</u>	<u>John Hunsley</u>	<u>Horace Leonard Walker</u>
7 Occupation of Father?	<u>Carpenter</u>	<u>Carpenter</u>	<u>Laborer</u>
8 Full Maiden Name of Mother.	<u>Lillian May Hall</u>	<u>Jennie</u>	<u>Alice Woodhams</u>
9 If she has been more than once married give names of former husband, or husbands.			
10 Where were the parents married?	<u>April 10<sup>th</sup> 1914</u>	<u>Punchurch Ont.</u>	<u>Wallaston, England</u>
11 When were they married?		<u>Oct 21<sup>st</sup> 1909</u>	<u>1899</u>
12 If not married give full Name of Mother.			
13 Is she single or a Widow? If a widow state name, occupation, and date of husband's death.			
14 What is her occupation?			
15 Name of Physician attending.	<u>Dr. Lambert</u>	<u>Dr. Lambert</u>	<u>Dr. Appelbe</u>
16 Relation to child.			
17 Were you in house at time of Birth?	<u>Yes</u>	<u>Yes</u>	
18 Certified by	<u>Mrs. A. F. Bolton</u>	<u>Mrs. A. Lince</u>	<u>H. L. Walker</u>
Address	<u>Parry Sound, Ont. 204</u>	<u>Parry Sound, Ontario</u>	<u>Parry Sound</u>
Date	<u>April 9<sup>th</sup> 1915</u>	<u>April 10<sup>th</sup> 1915</u>	<u>April 10<sup>th</sup></u>
Remarks	<u>(Year date supplied May 7/17)</u>		