

V.S.A.-1960  
Form 2  
SEE OTHER  
SIDE FOR  
INSTRUCTIONS

THIS IS A PERMANENT RECORD

DO NOT USE RED INK OR PENCIL

PLEASE TYPE OR PRINT

PROVINCE OF ONTARIO  
THE VITAL STATISTICS ACT  
STATEMENT OF BIRTH

0 8 3 9 7 6

(For use of Registrar General only)

CODE

1. PLACE OF BIRTH: City, town, village or township of TORONTO

Name and address of hospital or nursing home Wellesley - 160 Wellesley St. E  
(If birth occurred at home, give house number and street address)

County or territorial district of YORK

2. PRINT NAME OF CHILD IN FULL L. E. E.  
(Surname or last names)  
LARA ELIZABETH  
(Given or first names)

3. DATE OF BIRTH SEPTEMBER 8th 1968 4. SEX FEMALE  
(month by name) (day) (year) (State male or female)

5. PLEASE STATE IF MOTHER IS: Married, Widowed, Divorced or Single [REDACTED]  
(The term "Common law" or "Separated" not to be used)

6. FATHER (Print full name) (Surname or last name) <u>[REDACTED]</u> (Given or first names) <u>[REDACTED]</u> Age (At time of this birth) <u>[REDACTED]</u> Place of birth (Province, state or country) <u>[REDACTED]</u> Citizenship <u>[REDACTED]</u>	7. MOTHER (Print full name) (Maiden name - Name before marriage) <u>[REDACTED]</u> (Given or first names) <u>[REDACTED]</u> Age (At time of this birth) <u>[REDACTED]</u> Place of birth (Province, state or country) <u>[REDACTED]</u> Citizenship <u>[REDACTED]</u>
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8. State if birth was single, twin, triplet or other [REDACTED] 9. Weight of child at birth (lbs. and oz. or grams) [REDACTED] 10. Length of pregnancy in completed weeks [REDACTED]

11. Total number of children born to this mother (a) Number born alive including this birth [REDACTED]  
(b) Number living at date of this birth including this child [REDACTED]  
(c) Number born dead after 20 weeks' pregnancy [REDACTED]

12. Permanent residence of child's mother at time of this birth  
(House No.) [REDACTED] (Name of street or road) [REDACTED]  
(Name of city, municipality) [REDACTED] (Province) [REDACTED]

13. Name of medical practitioner or nurse in attendance at this birth (Surname or last name) [REDACTED] (Given or first names or initials) [REDACTED]  
Post Office Address [REDACTED]

I certify that the above stated particulars are true, to the best of my knowledge and belief, this  
Date MAY 15 69  
(month) (day) (year)  
Signature [REDACTED]  
Parent or Guardian  
Address [REDACTED]

(For Division Registrar use only)  
I am satisfied as to the correctness and sufficiency of this statement and register the birth by signing the statement, this  
September 13 1968  
(month) (day) (year)  
Signature of Division Registrar [REDACTED]  
SIGNED BY DEPUTY REGISTRAR GENERAL  
(Registration number) (Code number)

(This space for office notation only) JUN 16 1969 Date