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1961 102274 PAGE 1 of 1

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File number:

May 30 2022

22224545-01-2

L. PLACE OF BRITH  City, Twen, Village of Cancer of Market Street and Street and Street on Street on Street and Street on Street on Street and Street on		Form 2 PROVINCE OF ONTARIO THE VITAL STATISTICS ACT STATEMENT OF BIRTH  102:271
2. PRINT MAKE OF PLANTING AND		1. PLACE OF BIRTH:  City, Town, Village of Township of Street Address General only)  Street Address General only)  (If birth took place in a hospital or other
CHILD IN FULL    Command of tender   Command o		County of
1. SEPTIMENT OF PULL AS OF HUSEAND  1. APE OF BIRTH  1. APECATE OF HUSEAND  1. APECATE OF H	Pe	CHILD IN FULL  John (Given names)
DELTA TOWN  DELTA TOWN  DELTA TOWN  TOWN THE NOT THE PERSONNEN IN PUBLICAND  PARTICULARS OF WISEARD  IA THE MOTHER OF THE CHILD BE  THE MOTHER OF THE CHILD BE  SERVED TO THE CHILD BE  SERVED TO THE WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  PARTICULARS OF WISEARD  IA PRINT MADEN NAME IN FULL (Name beauty at law)  IA PRINT MADEN NAME IN FULL (Name beauty at law)  IA PRINT MADEN NAME IN FULL (Name beauty at law)  IA PRINT MADEN NAME IN FULL (Name beauty at law)  IA PRINT MADEN NAME IN FULL (Name beauty at law)  IA PRINT MADEN NA	properly addre	3. SEX mqle
PARTICULARS OF HOTHER GO. 3.7    A THE MOTHER OF THE CHILD IS.   Single Sharing   Divorced   Divorc	50", on	
PARTICULAR SEA DO 13, DO HUSBAND  1 A THE MOTHER OF THE CHILD IS    Single   Same and   Diversed	per use	6. WEIGHT OF CHILD AT BIRTH 916 202. COMPLETED WEEKS 40 WEEKS
OFFICE AND CORRECT  OFFICE	<b>E</b> 34	PARTICULARS OF HUSBAND  (Before completing items 3 to 13, both inclusive, read note 1.)  Single Married Widowed Divorced ((Place X in the proper square))  S. PRINT NAME IN FULL (Name before Marriage)  C. Uniter Child IS:  C. Uniter Child IS:  Single Married Divorced ((Place X in the proper square))  S. PRINT MAIDEN NAME IN FULL (Name before Marriage)  (Sumame)  (Sumame)
11. AGE 30. 12. PLACE OF BIRTH MANAGED AND STATE OF BIRTH MANAGED AND STATE OF STATE		
1. AGE	WAILING Pominion	Port Rowan  (Municipality)  10. CITIZENSHIP Canadian  17. CITIZENSHIP Canadian  (See note 2)
So O RUSINESS  See note 4)  OR BUSINESS  OR BUSINES  OR BUSINESS  OR BUSINESS  OR BUSINESS  OR BUSINESS  OR BUSINES  OR BUSINESS  OR BUSINESS  OR BUSINESS  OR BUSINESS  OR BUSINES  OR BUSINESS  OR BUSINESS  OR BUSINESS  OR BUSINESS  OR BUSINES  OR BUSINESS  OR BUSINESS  OR BUSINESS  OR BUSINESS  OR BUSINES  OR BUSINESS  OR BUSINESS  OR BUSINESS  OR BUSINESS  OR BUSINES  OR BUSINESS  OR BUSINESS  OR BUSINESS  OR BUSINESS  OR BUSINES  OR BUSINESS  OR BUSINESS  OR BUSINESS  OR BUSINESS  OR BUSINES  OR BUSINESS  OR BUSINESS  OR BUSINESS  OR BUSINESS  OR BUSINES	la printed	11. AGE 3012 PLACE OF BIRTH MEXICO  (At time of this birth)  12. 2 (1) TRADE, PROFESSION  OR KIND OF WORK  13. 2 (1) TRADE, PROFESSION  OR KIND OF WORK  14. AGE 3819, PLACE OF BIRTH MEXICO  (At time of this birth)  Or Country)  18. AGE 3819, PLACE OF BIRTH MEXICO  (At time of this birth)  OR KIND OF WORK  OR KIND OR KIND OR KIND OR WORK  OR KIND OR KIND OR KIND OR WORK  OR KIND OR
21. HOW MANY CHILDREN BORN TO THIS MOTHER BEFORE THIS BIRTH.  (a) were born dead after the mother Nurse in ATTEND		OR BUSINESS FORM OR BUSINESS OR BUSINESS
(See note 7)  I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ITEMS 1 TO 22, BOTH INCLUSIVE, ARE  TRUE AND CORRECT.  Aug.  (See note 7)  (Dec.)  (Dec.)  (This space for use of division registrar only)  REGISTRATION NUMBER  I am satisfied as to the correctness and sufficiency of this statement and register the birth by signing the statement this  (Month by name)  RECEIVED  OFFICE OF REGISTRAR GENERAL  (Signature of division/registrar)  9004-2.7: 25-11-59  SEP = 7 1961  (Code number)	in an envelope	21. HOW MANY CHILDREN BORN TO THIS  MOTHER BEFORE THIS BIRTH:  (a) were born 4 (b) are now living?  ATTEND- ANCE AT
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ITEMS 1 TO 22, BOTH INCLUSIVE, ARE  Lost Power of the sedicess of the correctness and sufficiency of this statement and register the birth by signing the statement this  (This space for use of division registrar only)  REGISTRATION NUMBER  I am satisfied as to the correctness and sufficiency of this statement and register the birth by signing the statement this  (Wonth by name)  RECEIVED  OFFICE OF REGISTRAR GENERAL  (Signature of division registers)  9004-2.7: 23-11-59  SEP = 7 1961  (Code number)	9	(Fost-office address)
(This space for use of division registrar only)  REGISTRATION NUMBER  I am satisfied as to the correctness and sufficiency of this statement and register the birth by signing the statement this  (Month by name)  RECEIVED  OFFICE OF REGISTRAR GENERAL  SEP = 7 1961  (Code number)	This form,	
I am satisfied as to the correctness and sufficiency of this statement and register the birth by signing the statement this		Lost Kowan Ont. R. R3. Jacol K Raters
I am satisfied as to the correctness and sufficiency of this statement and register the birth by signing the state- ment this  (Month by name)  (Day)  (Pear)  (Pear)  OFFICE OF REGISTRAR GENERAL  (Signature of division registrer)  9004-2.7: 23-11-39  SEP = 7 1961  (Code number)		
(Month by name)  (Day)  (Pear)  OFFICE OF REGISTRAR GENERAL  (Signature of division registrar)  (Code number)		
9004-2.7: 25-11-59 SEP = 7 1961 (Signature of division registrar) (Code number)		
(Code number)		RECEIVED !
K.M		9004-27: 25-11-59 SEP - 7 1961 (Code number)
		K.M.

Alexandra Schmidt

Alexandra Schmidt

Deputy Registrar General Registraire générale adjointe de l'état civil

--- CERTIFIED COPY---NOT VALID WITHOUT ALL PAGES

PROVINCE OF ONTARIO	0		)
JUDICIAL DISTRICT OF	Callant		)
JUDICIAL DISTRICT OF		(Barrie)	
	1 Cg	CLUVVICI	)
TO WIT:			)

I, Robal Grass Public in and for the Province of Ontario, by Royal Authority duly appointed, residing in the City of BANIC, in the said

Ontario, by Royal Authority duly appointed, residing in the City of AMAL, in the said Province, DO HEREBY CERTIFY that the photostat writing annexed hereto is a true copy of a document produced and shown to me and being the 'STATEMENT OF BIRTH' of a man: John of the Peters family dated September 31 1961 the said copy having been compared by me with the said original document, AN ACT WHEREOF BEING REQUESTED, I have granted the same under my Notorial Form and Seal of Office to serve and avail as occasion shall or may require.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 17th day of October , 2022.

A Notary Public in and for the Province of Ontario

The use of notary below is for identification only, and such use does not grant any 'jurisdiction';
i, further saith; Claim and sworn, without prejudice, and with all rights reserved,
i: man: John Peters  John of the Peters family  [John Peters]
Signature:  Photo ID man: John of the Peters family  Born  STATEMENT OF BIRTH  [Shown Date of Registration: September 31 1961]
On this
be the man whose thumbprint and signature with photo identification on this instrument, and has acknowledged to me that he has executed the same.  Signed:  Signed:
Printed Name: Robert Crosbie
Address: 2 AUTHONEY COONT

Notary Seal

Date: 80/01/2012