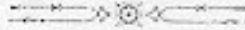


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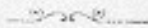
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Schedule A.]

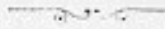
# BIRTHS.



## Registration Division of Westmorland County.



RETURN OF PHYSICIAN, PARENT, OR OTHER PERSON TO  
DIVISION REGISTRAR.



When and Where Born. *Moncton N.S. June 25 1902*

Name and Sex. *Male - DUNCAN STELLING*

Name of Father. *Arch McKinnon*

Occupation. *Carpenter*

Maiden Name of Mother. ....

Name of Accoucher. ....

Signature of Parent, Physician, or Other Person, and Post Office Address. *[Signature]*  
*Moncton*

NOTE.—The Above Return is to be Filled in Carefully and Accurately by Physician, Parent, or Other Person, and Forwarded to Mr. F. A. McCully, Division Registrar, Moncton.