Ontario
Office of the Registrar General
Bureau du registraire général

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Registration Number: Numéro d'enregistrement : 1973 111484

Certificate number: Numéro du certificat : P 1677304

Date issued: Date de délivrance : Jan 26 2012

File number: Numéro de dossier : 12041289-01-2

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

PROVINCE OF ONTARIO
THE VITAL STATISTICS ACT

STATEMENT OF BIRTH

111484
(For use of Registrar General only)

CODE 071-53 / M 18

1. PLACE OF BIRTH:
City, town, village or township of Sudbury
Name and address of hospital or nursing home General Hospital
(If birth occurred at home, give house number and street address)
County or territorial district of [illegible] REGIONAL MUNICIPALITY OF SUDBURY

2. PRINT NAME OF CHILD IN FULL
RIESS (Surname or last name)
RICKY STEVE (Given or first names)

3. DATE OF BIRTH November (month by name) 24 (day) 73 (year) 4. SEX male (State male or female)

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

6. FATHER (Print full name)	7. MOTHER (Print full name)
Riess (Surname or last name)	Pepin (Maiden name – Name before marriage)
Steve JOHN (Given or first names)	PEGGY SUSAN (Given or first names)
Age 20 (As at time of this birth) Place of birth ONT. (Province, state or country)	Age 18 (As at time of this birth) Place of birth ONT (Province, state or country)
Citizenship CANADIAN	Citizenship CANADIAN

8. State if birth was single, twin, triplet or other Single
9. Weight of child at birth 8lbs (lbs. and oz. or grams)
10. Length of pregnancy in completed weeks 39

11. Total number of children born to this mother
(a) Number born alive including this birth 2 births
(b) Number living at date of this birth including this child 2 children
(c) Number born dead after 20 weeks' pregnancy None

12. Permanent residence of child's mother at time of this birth
1633 (House No.) ST. JEAN (Name of street or road) ST. APT 5.
VAL CARON (Name of city, municipality) ONT (Province)

282-53 /

13. Name of medical practitioner or nurse in attendance at this birth DR. R. GHENT (Surname or last name) (Given or first names or initials)
Post Office Address SUDBURY CLINIC

I certify that the above stated particulars are true, to the best of my knowledge and belief, this
Date 11 (month) 26 (day) 73 (year)
Signature Steve Riess (Parent or Guardian)
Address 1633 ST JEAN APT 5
VAL CARON ONT.

(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
Nov. (month) 28th (day) 1973 (year)
V. Turcotte Dep (Signature of Division Registrar)
3159 (Registration number) 54044 (Code number)

(This space for office notation only)
RECEIVED
DEC 6 - 1973 H.O.
G.L.

THIS IS A PERMANENT RECORD
DO NOT USE RED INK OR PENCIL
PLEASE TYPE OR PRINT