



MINISTRY OF GOVERNMENT AND CONSUMER SERVICES

THIS IS TO CERTIFY THAT

ALEXANDRA SCHMIDT

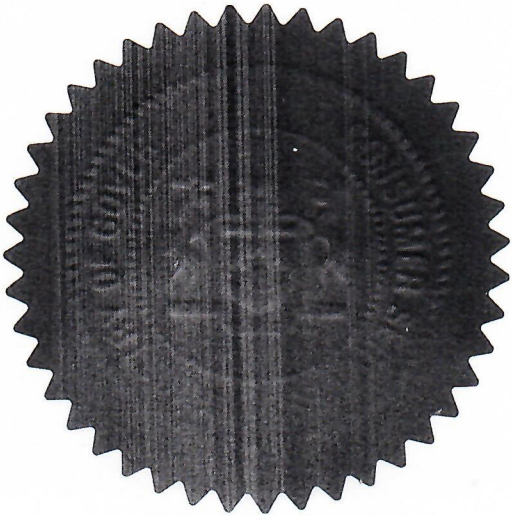
of the Ministry of Government and Consumer Services, in the Province of Ontario whose name is subscribed to the annexed Certificate of particulars of record in the Office of the Registrar General of Ontario is **Deputy Registrar General** of the Province of Ontario and the Officer having custody of records of the vital statistics in the said Province.

I FURTHER CERTIFY THAT the facsimile signature is that of **ALEXANDRA SCHMIDT**, and the Seal, an impression of which appears on the annexed Certificate, is the Seal of the Registrar General of the Province of Ontario and that faith and credence are due and ought to be given to such signature and Seal in all places.

IN TESTIMONY WHEREOF I have hereunto set my Hand and affixed the Seal of the Ministry of Government and Consumer Services of the Province of Ontario at the City of Toronto in the said Province this fourth day of April, A.D. 2022.

A handwritten signature in cursive script, appearing to read "Kenneth A. Lobo".

for the MINISTER OF GOVERNMENT AND CONSUMER SERVICES





Certified A True
Photostatic
Print of a Record

on file at the
Office of the Registrar General
Ontario, Canada

Registration Number:
Numéro d'enregistrement :

1974 106871

PAGE 1 of 2

Certificate number:
Numéro du certificat : **P4459079**

Date issued:
Date de délivrance :

Oct 22 2021

File number:
Numéro de dossier :

01883307-01-8

Ontario
Office of the Registrar General
Bureau du registraire général

Photocopie certifiée
conforme d'un document

déposée aux dossiers du
Bureau du registraire général
(Ontario) Canada

Form 2
(VSA 1970)

PROVINCE OF
ONTARIO (Canada)

STATEMENT OF

LIVE BIRTH

Registration No. (Department use only)

106871

Office of the Registrar-General

NAME OF CHILD	1. Surname of child (print or type) (YENOVKIAN) MILLER-YENOVKIAN		2. SEX OF CHILD M
	All given names (VEN VIM) VEM		
DATE OF BIRTH	3. Month (by name), day, year of birth Oct. 26, 1974	4. Please state if mother is: Married, widowed, divorced or single (The term "common law" or "separated" not to be used) Married	
PLACE OF BIRTH	5. Name of hospital (if not in hospital give exact location where birth occurred) North York Branson Hospital		
	Borough, city, town, village, township (by name) Regional municipality, county or district MUNICIPALITY OF METROTORONTO		

PARENTS	FATHER	MOTHER
NAME	6. Surname of child's father (print or type) Yenovkian	10. Maiden surname of child's mother (print or type) Balabanian
	All given names Bery, Onnia	All given names Sonja
BIRTHPLACE	7. City, town or other place of birth (by name) Beirut	11. City, town or other place of birth (by name) Sarabius
	Province (or country if outside Canada) Lebanon	Province (or country if outside Canada) Syria
BIRTHDATE	8. Month (by name), day, year of birth Dec. 11, 1942	9. AGE (at time of this birth) 31
		12. Month (by name), day, year of birth Sept. 24, 1947
		13. AGE (at time of this birth) 27

USUAL RESIDENCE OF MOTHER	14. Complete street address. If rural give exact location, not Post Office or Rural Route address 30 Charles W. # 2014		
	Borough, city, town, village, township (by name) Regional municipality, county or district Province (or country) Toronto Ontario		
OTHER BIRTH PARTICULARS	15. Duration of pregnancy (in completed weeks) 38	16. Number of children ever born to this mother (including this birth) Number Liveborn One	Number Stillborn (after 20 weeks pregnancy) None
	17. Weight of child at birth 6.7 (OR) 2920	18. KIND OF BIRTH - State whether single, twin, triplet Single	19. If twin, triplet, state whether this child was born 1st, 2nd, 3rd.

ATTENDANT	20. Name and address of attending physician (or other attendant) Dr. F. Skala	Phys. <input checked="" type="checkbox"/>	Nurse <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
MAILING ADDRESS OF MOTHER	21. Complete mailing address (if different from item 14). If rural give Post Office or Rural Route address			
CERTIFICATION OF INFORMANT	22. I certify the foregoing to be true and correct to the best of my knowledge and belief. Signature of informant X [Signature] Yenovkian			
	23. Relationship of informant to child Father	24. Date signed - Month (by name), day, year 8 NOV. 1974		

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

CERTIFICATION OF DIVISION REGISTRAR	I am satisfied as to the correctness and sufficiency of this statement and register the birth by signing this statement:		
	Registration Number 4396	Code Number NORTH YORK 13326	Date: Month, day, year NOV 12 1974

For Department use only:

RECEIVED
OF THE REGISTRAR GENERAL
NOV 21 1974
R. W.

THIS IS A PERMANENT LEGAL RECORD
TYPE OR WRITE PLAINLY AND COMPLETE ALL ITEMS
IMPORTANT. See reverse side for instructions

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Alexandra Schmidt
Alexandra Schmidt
Deputy Registrar General
Registraire générale adjointe
de l'état civil

---CERTIFIED COPY---
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Certified A True
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Ontario, Canada

Registration Number:
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1974 106871
PAGE 2 of 2

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P4459080

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LIST OF ANNOTATIONS

Number	Date	Time	Annotation
1	04/21/2015		CHANGE OF NAME - AUTHORITY C.O.N.A. - R.S.O. 1990, CHAP. C.7, SEC. 7(1)(A) / CHANGEMENT DE NOM - EN VERTU DEL LA L.C.N - L.R.O. 1990, CHAP. C.7, 7(1)A
2	04/21/2015		CHANGE OF NAME REGISTRATION NUMBER ASSIGNED: 2015 - 003951

Alexandra Schmidt

Alexandra Schmidt
Deputy Registrar General
Registraire générale adjointe
de l'état civil

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