FORM 4.

PROVINCE OF BRTISH COLUMBIA

Registered No. .....
For use of Registrar of V...

CERTIFICATE OF REGISTRATION OF BIRTH.

(BY PARENT OR GURDIAN)

1. PLACE OF BIRTH.

If in Municipality ..... Richmond .....

If in City, Town or Village..... Steveston,B.C. ..... Street Name ..... The Japanese Hospital ..... House No. .....
(Name) (If birth occurred in a hospital, give its name instead of Street and Number)

2. FULL NAME OF CHILD ..... Sakata ..... Eiichi .....
(Surname) (Given name)

3. Sex of child	4. Twin, triplet or other? To be answered only in the event of plural birth.	5. Was the child born live? Answer, yes or no.	6. Legitimate? Answer, yes or no.	7. Date of birth? Month, day, year.
Male		Yes	Yes	October 5th, 1910

FATHER	MOTHER
8. Full Name Kiichiro Sakata	14. Full Maiden Name Yone Shoji
9. Residence Steveston,B.C. (Usual place of abode.) If non-resident, give place and province.	15. Residence Steveston,B.C. (Usual place of abode.) If non-resident, give place and province.
10. Racial origin Japanese 11. Age last birthday 45 years	16. Racial origin Japanese 17. Age last birthday 33 years
12. Birthplace Mio, Kii, Japan (City or place, province or country.)	18. Birthplace Mio, Kii, Japan (City or place, province or country.)
13. Occupation:— (a) Trade or profession Fishing (b) Business in which employed Fisheries,	19. Number of children of this mother (including this child.) Living 4 Dead ### Stillborn ##
	20. Occupation, if other than household duties

21. Name and Post Office address of Informant Kiichiro Sakata, P.O. Box 54, Steveston,B.C.

22. Name of Doctor, nurse or other person in attendance at birth Dr. W.G. Hepworth, Mrs. Tsune Isomura nurse.

I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at Steveston,B.C. this 12th day of May 19 21

Kiichiro Sakata
Signature of Informant.

I hereby certify that the above return was made to me at Vancouver,

on the 21st day of May 19 21

District Registrar.

District Registration No. .....

Margin reserved for binding. Write plainly, with unfading ink. This is a Permanent Record.

N. B.—In case of more than one child at a birth, a Separate Return must be made for each, and the number of each, in order of birth, stated.

RACIAL ORIGIN will be described by stating to what people or tongue each of the parents belongs, whether English, Irish, Scotch, French, German, Russian, Ruthenian, Slovak, Galician, etc. The words "Canadian" or "America" must not be used, as they express nationality or citizenship but not a racial people.