WASHINGTON STATE BOARD OF HEALTH PLACE OF. MARRIAGE BUREAU OF VITAL STATISTICS County of CERTIFICATE OF MARRIAGE Town of..... or License No 4422 City of Record PERSONAL AND STATISTICAL PARTICULARS BRIDE GROOM Full Name Full Name Permanent Residence Residence Age at last Birthday Age at last Birthday years. vears Color or Color or Race Race Single, Widowed Single, Widowed or Divorced or Divorced đ Number of Number of j. Marriage Marriage Birthplace 0 Birthplace Thi or Occupation Occupation Name of Name of Ink Father Father Birthplace Birthplace of Father of Father Pate or Country Unfading Country Maiden Maiden Name of Name of Mother Mother Birthplace Birthplace of Mother of Mother tate or Country) Al Maiden Name of the Bride, if she was previously Married ith We, the groom and bride named in this certificate, hereby certify that the information given therein is correct, to 3 the best of our knowledge and belief. mas mas Write Plainly ner Bride. ren Groom. PERSON PERFORMING CEREMONY CERTIFICATE OF HEREBY CERTIFY. That. and joined in Marriage by me in accordance with the laws of the tate of Washington, at this. day Signature ignature rson performing the ceremony Witnesses to the Marriage 0 Official station Residence..... FILED Residence

MARGIN RESERVED FOR BINDING