THE CITY OF NEW YORK No. of Certificate. STATE OF NEW YORK. DEPARTMENT OF HEALTH. CERTIFICATE AND RECORD OF MARRIAGE Bride's Residenco Age Age Color Color Single, Widowed or Single, Widowed or Divorced Divorced Maiden Name, Occupation Birthplace Birthplace Father's Father's Name Name Mother's Mother's Maiden Name laiden Name Number of Number of tircom's Bride's Marriage Marriage I hereby certify that the above-named groomand pride page joined in Marriage by me, in accordance with the Laws of the State of New York, at_ Borough of ity of New York, this_ Signature of person performing the Ceremony Witnesses Official Station Marriage

NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES MUNICIPAL ARCHIVES

31 Chambers Street New York, N.Y. 10007

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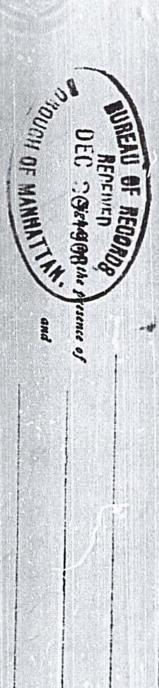
Brian G. Andersson

Commissioner, Department of Records

Leondra A. Gidlund

Director, Municipal Archives

our knowleuge and belief. Certificate, and that the information given therein is correct, to the best of WE hereby certify that we are the Groom and Bride named in this



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