

RETURN OF A MARRIAGE.
TO THE BUREAU OF VITAL STATISTICS,
Metropolitan Board of Health,--State of New York.

1. Full Name of GROOM, *Albert Osborn Gorkes*
2. Place of Residence, *Pleasantville*
3. Age, *21*
4. _____
5. Occupation, *Shoemaker*
6. Place of Birth, *Pleasantville*
7. Father's Name, *Egza Gorkes*
8. Mother's Maiden Name, *Rachel Lee*
9. No. of Groom's Marriage, *1*
10. Full Name of BRIDE, *Melissa Cannel*
- Maiden Name, if a Widow, _____
11. Place of Residence, *Chapona*
12. Age, *16*
13. _____
14. Place of Birth, *Unionville*
15. Father's Name, *John Cannel*
16. Mother's Maiden Name, *Laurie Chapona*
17. No. of Bride's Marriage, *1*

N. B.—At Nos. 4 and 13 state if Colored; if other races specify what. At Nos. 9 and 17 state whether 1st, 2d, 3d, &c. Marriage of each.

New York, *March 17* 186*9*

We, the Groom and Bride named in the above Certificate, hereby Certify that the information given is correct, to the best of our knowledge and belief.

Albert O Gorkes (Groom.)
Melissa Cannel (Bride.)

Signed in Presence of *William Light*
and *Mrs. Eliza Decker*