

COMMONWEALTH OF VIRGINIA			
DEPARTMENT OF HEALTH — BUREAU OF VITAL RECORDS AND HEALTH STATISTICS			STATE FILE NO.
MARRIAGE RETURN			
CITY OR COUNTY OF CHARLOTTESVILLE		NAME OF COURT CIRCUIT	CLERK'S NUMBER 368
76-051599			
GROOM 1 12 263	1. FULL NAME OF GROOM (first) (middle) (last) ALBERT PAYNE AUSTIN		
	2. AGE 79 Years	3. DATE OF BIRTH (month) (day) (year) March 20, 1897	4. PLACE OF BIRTH (state or foreign country) Miss. 525
	5. RACE (white, negro, etc.) White	6. SINGLE, WIDOWED, OR DIVORCED (specify) 3 Widowed	7. NUMBER OF THIS MARRIAGE (first, second, etc.) Second
	8. EDUCATION: SPECIFY HIGHEST GRADE COMPLETED elementary 0, 1, 2 to 8 high school 1, 2, 3 or 4 college 1 to 4 or 5+ 4	9a. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER 701 E. High St.	
	9b. CITY OR TOWN OF RESIDENCE Charlottesville	9c. COUNTY (if independent city, leave blank)	9d. STATE (OR FOREIGN COUNTRY) Virginia
	10. NAME OF FATHER Frederick Robert Austin		11. FULL MAIDEN NAME OF MOTHER Mamie Magdalene Payne
BRIDE 25 203	12. PRESENT NAME OF BRIDE (first) (middle) (last) MAIDEN SURNAME (if different) MARGARET NMN HUMPHREY		
	13. AGE 75 Years	14. DATE OF BIRTH (month) (day) (year) May 20, 1901	15. PLACE OF BIRTH (state or foreign country) Virginia
	16. RACE (white, negro, etc.) White	17. SINGLE, WIDOWED, OR DIVORCED (specify) 1 Single	18. NUMBER OF THIS MARRIAGE (first, second, etc.) First
	19. EDUCATION: SPECIFY HIGHEST GRADE COMPLETED elementary 0, 1, 2 to 8 high school 1, 2, 3 or 4 college 1 to 4 or 5+ 5+	20a. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER 701 E. High Street Apt. 107	
	20b. CITY OR TOWN OF RESIDENCE Charlottesville	20c. COUNTY (if independent city, leave blank)	20d. STATE (OR FOREIGN COUNTRY) Virginia
	21. NAME OF FATHER Robert Lee Humphrey		22. FULL MAIDEN NAME OF MOTHER Mary Alexander Rector
MARRIAGE LICENSE			
23. TO ANY PERSON LICENSED TO PERFORM MARRIAGES: You are hereby authorized to join the above-named persons in marriage under procedures outlined in the statutes of the Commonwealth of Virginia.			
SIGNATURE ► <i>Judith Ann Durham</i>		DATE SIGNED December 17, 1976	
<small>CLERK OF COMMONWEALTH OR DEPUTY</small>		<small>LICENSE EXPIRES SIXTY DAYS AFTER ABOVE DATE</small>	
MARRIAGE CERTIFICATE			
24. DATE OF MARRIAGE (month) (day) (year) December 23 1976	25. PLACE OF MARRIAGE (county or independent city) Lynchburg 214 VIRGINIA		
26. TYPE OF CEREMONY (civil or religious - specify) Religious	IF RELIGIOUS CEREMONY, NAME OF DENOMINATION OR ORDER Presbyterian		
27. I CERTIFY THAT I JOINED THE ABOVE-NAMED PERSONS IN MARRIAGE ON THE DATE AND AT THE PLACE SPECIFIED.			
SIGNATURE OF OFFICIANT <i>Timothy L. Craft</i>		TITLE OF OFFICIANT minister	
BONDED IN Lynchburg (city or county) YEAR OF BOND 1976		ADDRESS OF OFFICIANT VES. Rd Lynchburg, VA. (street or route number) (city or town) (state)	