

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH — BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
MARRIAGE RETURN

STATE
FILE
NO.

73-039884

CITY OR COUNTY OF Hopewell	NAME OF COURT Circuit	CLERK'S NUMBER 209
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GROOM	1. FULL NAME OF GROOM (first) (middle) (last) Jeremiah Morton DeJarnatte			4. PLACE OF BIRTH (state or foreign country) Va		
	2. AGE 80 Years		3. DATE OF BIRTH (month) (day) (year) August 23, 1893			
	5. RACE (white, negro, etc.) White		6. SINGLE, WIDOWED, OR DIVORCED (specify) 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 105 Crescent			
	9b. CITY OR TOWN OF RESIDENCE Hopewell		9c. COUNTY (if independent city, leave blank)		9d. STATE (OR FOREIGN COUNTRY) Va.	
	10. NAME OF FATHER Alexander Herndon DeJarnatte			11. FULL MAIDEN NAME OF MOTHER Fenton Wallace Morton		

BRIDE	12. PRESENT NAME OF BRIDE (first) (middle) (last) Rebecca Hairston Ellis			MAIDEN SURNAME (if different) Hairston		
	13. AGE 60 Years		14. DATE OF BIRTH (month) (day) (year) November 23, 1913		15. PLACE OF BIRTH (state or foreign country) Miss.	
	16. RACE (white, negro, etc.) White		17. SINGLE, WIDOWED, OR DIVORCED (specify) Widow		18. NUMBER OF THIS MARRIAGE (first, second, etc.) Third	
	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 + 2		20a. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER 624 E. Poythress			
	20b. CITY OR TOWN OF RESIDENCE Hopewell		20c. COUNTY (if independent city, leave blank)		20d. STATE (OR FOREIGN COUNTRY) Va.	
	21. NAME OF FATHER James Thomas Watt Hairston			22. FULL MAIDEN NAME OF MOTHER Agnes Maguire		

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 DATE SIGNED **9/18/73**
CLERK OF COURT OR DEPUTY LICENSE EXPIRES SIXTY DAYS AFTER ABOVE DATE

MARRIAGE CERTIFICATE

24. DATE OF MARRIAGE (month) (day) (year) September 18 1973	25. PLACE OF MARRIAGE (county or independent city) Hopewell 213
26. TYPE OF CEREMONY (civil or religious--specify) religious	IF RELIGIOUS CEREMONY, NAME OF DENOMINATION OR ORDER Presbyterian Church, U.S.

27. I CERTIFY THAT I JOINED THE ABOVE NAMED PERSONS IN MARRIAGE ON THE DATE AND AT THE PLACE SPECIFIED

SIGNATURE OF OFFICIANT **14**
Leslie T. West, Jr.

BONDED IN **Hopewell** YEAR OF BOND **1966** TITLE OF OFFICIANT **Minister, Presby. Ch., U.S.**
(city or county)

ADDRESS OF OFFICIANT **500 Delton Ave. Hopewell, Virginia**
(street or route number) (city or town) (state)