

The person performing the ceremony must fill out this blank and within 3 days return same to the Auditor of County in which ceremony was performed

PLACE OF MARRIAGE

# Marriage Return

LICENSE No. 9579  
Date of License November 28, 1958

County of Ferry  
City or Town of Republic

## Personal and Statistical Particulars

**Groom**  
Full Name Donald Hamilton  
Residence Republic, Wash  
Age at Last Birthday 21 years Years  
Color or Race White  
Bachelor, Widower or Divorced Bachelor  
Number of Marriages First  
Birthplace St. Johns, Wash  
(City) (State or Country)  
Occupation Laborer  
Father's Name Field Hamilton  
Father's Birthplace Hammond, Oregon  
(City) (State or Country)  
Mother's Maiden Name Luella Hamilton  
Mother's Birthplace Linchester, Ill  
(City) (State or Country)

**Bride**  
Full Name Myrna Scarbro  
Residence Omashote, Wash  
Age at Last Birthday 18 Years  
Color or Race White  
Spinner, Widower or Divorced Spinster  
Number of Marriages First  
Birthplace Timber, Montana  
(City) (State or Country)  
Occupation Teacher  
Father's Name Jay Scarbro  
Father's Birthplace Bozonsville, Texas  
(City) (State or Country)  
Mother's Maiden Name Myra Johnson  
Mother's Birthplace Regina, Sask. Canada  
(City) (State or Country)

Maiden Name of Bride if Previously Married \_\_\_\_\_  
In the presence and before me on this \_\_\_\_\_ day of \_\_\_\_\_, 1958, I, the undersigned, being duly sworn, to the best of our knowledge and belief  
Donald Hamilton and Myrna Scarbro \_\_\_\_\_

### Certificate of Person Performing Ceremony

I hereby certify, to the best of my knowledge and belief, that the above is a true return of said marriage.

Address of person performing ceremony  
Republic, Wash

W. C. Conrath  
Signature of Person Performing Ceremony  
Justice of the Peace and Tax

Filed \_\_\_\_\_ 19 \_\_\_\_\_  
County Auditor \_\_\_\_\_  
By \_\_\_\_\_ Deputy