

The person performing the ceremony used this blank and within 30 days return same to the Auditor of County in which ceremony was performed

PLACE OF MARRIAGE

Marriage Return

County of Ferry
City or Town of Republic

Personal and Statistical Particulars

LICENSE No. 560
Date of License Apr 28, 1923

Full Name Lawrence Dent
Residence Republic, Wash.
Age at Last Birthday Twenty Two Years
Color or Race White
(Give full particulars)
Bachelor, Widower or Divorced Bachelor
Number of Marriages First
Birthplace Hilbur, Wash.
(City) (State or County)
Occupation Farming
Father's Name Harvey Dent
Father's Birthplace Elgin, Oregon
(City) (State or County)
Mother's Maiden Name Elizabeth Dent
Mother's Birthplace Hilbur, Wash.
(City) (State or County)

Full Name Dois Hamilton
Residence Republic, Wash.
Age at Last Birthday Eighteen Years
Color or Race White
Spinster, Widower or Divorced Spinster
Number of Marriages First
Birthplace Johns, Wash.
(City) (State or County)
Occupation Housework
Father's Name Judd Hamilton
Father's Birthplace Wenatchee, Oregon
(City) (State or County)
Mother's Maiden Name Lucretia Templeton
Mother's Birthplace Wenatchee, Wash.
(City) (State or County)

Maiden Name of Bride if Previously Married

Lawrence Dent Dois Hamilton

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.

J.W. Connell
Signature of Person Performing Ceremony

Justice of the Peace

Filed 29

County Auditor

By

Deputy