

This return to be made to the Clerk of the District Court within fifteen days by persons solemnizing marriage. Sec. 10439, Code 1924. 23-801400

IOWA STATE DEPARTMENT OF HEALTH

RETURN OF MARRIAGE TO CLERK OF DISTRICT COURT 388

1. Full name of GROOM *Raymond Bernard Wolfe*
2. Place of Residence *Delmar*
3. Occupation *Farmer*
4. Age next birthday *28* years. Color *—* Nationality *American*
5. Place of Birth *Los Angeles*
6. Father's full name *Margie Wolfe*
7. Mother's full maiden name *Sarah McAndrews*
8. Number of Groom's marriage *1* *Shady Elizabeth Melvin*
9. Full name of BRIDE *Shady Elizabeth Melvin*
- Bride's full Maiden name, if a widow *—*
10. Place of residence *Delmar Ia*
11. Age next birthday *23* years. Color *—* Nationality *American*
12. Place of birth *Delmar*
13. Father's full name *John Melvin*
14. Mother's full maiden name *Catherine Spain*
15. Number of Bride's marriage *1*
16. Witnesses to Marriage *Philip J. Wolf*
Shady Melvin

N. B.—At Nos. 8 and 15 state whether 1st, 2nd, 3rd, etc., marriage of each. At 16 give names of subscribing witnesses to the marriage certificate. If no subscribing witness, give names of two persons who witnessed the ceremony.

August 25 1925

WE HEREBY CERTIFY, That the information given is correct, to the best of our knowledge and belief.

Raymond Wolfe Groom
Shady Melvin Bride

I hereby certify that the above is a correct return of a marriage solemnized by me,
on this *25* day of *August* 1925.
At *Delmar* *W. C. Sullivan*
officiating clergyman