

This return to be made to the Clerk of the District Court within fifteen days by person solemnizing marriage.
Rev. 1949, Code 1914.

IOWA STATE DEPARTMENT OF HEALTH

RETURN OF MARRIAGE TO CLERK OF DISTRICT COURT

1. Full name of GROOM Mr. Nathan Lerman
2. Place of Residence Omaha Neb.
3. Occupation Carpenter
4. Age next birthday 43 years. Color white. Nationality Jewish
5. Place of Birth Russia
6. Father's name Naum Lerman
7. Mother's maiden name Perl Gostlin
8. Number of Groom's marriage 2nd
9. Full name of BRIDE Mrs. Belia Kaplan
- Maiden name, if a widow Belia Gleich
10. Place of Residence Sion City
11. Age next birthday 43 years. Color white. Nationality Jewish
12. Place of Birth Russia
13. Father's name Abel
14. Mother's maiden name Miriam Waskevsky
15. Number of Bride's marriage 2nd
16. Witness to marriage Jacob Banarsky
Mrs. N. Q. Rabinowitz

N. B.—At Nos. 8 and 15 state whether first, second, third, etc., marriage of each. At No. 16 give names of subscribing witnesses to the marriage certificate. If no subscribing witnesses, give names of two persons who witnessed ceremony.

April 14, 1935

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

Nathan Lerman Groom.Mrs. Belia Kaplan Bride.

I Heroby Certify that the above is a correct return of marriage solemnized by me on this

14th day of April, 1935at Sion City, Iowa. H. R. Rabinowitz
Rabbi