

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

IOWA STATE DEPARTMENT OF HEALTH

Return of Marriage to Clerk of District Court 289

1. Full name of GROOM *Harry Lavine*
2. Place of Residence *Lincoln, Nebraska*
3. Occupation *Business*
4. Age next birthday *27* years. Color *white*. Nationality *Jewish*
5. Place of Birth *U.S.A.*
6. Father's name *Jacob*
7. Mother's maiden name *Yetty Silverberg*
8. Number of Groom's marriage *first*
9. Full name of BRIDE *Jesse Shiloff*
Maiden name, if a widow
10. Place of Residence *Sions City, Ia.*
11. Age next birthday *23* years. Color *white*. Nationality *Jewish*
12. Place of Birth *U.S.A.*
13. Father's name *Meyer*
14. Mother's maiden name *Gertude Glich*
15. Number of Bride's marriage *first*
16. Witnesses to marriage *Samuel S. Shiloff*
Ida Heshelzon

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.

Sept. 11 1933

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

Harry Lavine Groom
Jesse Shiloff Bride

I HEREBY CERTIFY that the above is a correct return of a marriage solemnized by me on this *10* day of *Sept* 1933

at *Sions City*, Iowa.
(Town or City)

Henry R. Rabinovitch
Rabbi