

Birth Certificate, William C. Jennings, Jr.,
AR Dept of Health; and
Notarized note from Parents re:birth date

William Columbus Jennings, Jr.,
was born 10 FEB 1922,
in Marianna, Lee Co., AR

Gen 3 Proofs
Mark Daniel Jennings
Children American Revolution

William Columbus Jennings, Jr., born 10 FEB 1922 in Marianna, Lee Co., AR

STATE OF ARKANSAS
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF BIRTH City of <u>Little Rock</u> County of <u>Jefferson</u>		STATE OF ARKANSAS State Board of Health Bureau of Vital Statistics Registration District No. <u>346</u> Primary Registration Dist. No. <u>3536</u> File No. <u>63 593-W</u> CERTIFICATE OF BIRTH 1042	
2. Town <u>Marianna</u> St. <u>Lee</u>		3. Registered No. <u>23</u> Ward <u>23</u>	
FULL NAME OF CHILD <u>William Columbus Jennings, Jr.</u> Sex of Child <u>Male</u> 4. Twin, triplet, or other? <u>No</u> 5. Number in order of birth? <u>1</u> 6. Legitimate? <u>Yes</u> 7. Date of birth <u>10</u> <u>20</u> <u>1922</u> Month Day Year			
FATHER FULL NAME <u>Wm C. Jennings</u> RESIDENCE <u>Marianna, Ark</u> 11. AGE AT LAST BIRTHDAY <u>28</u> Years 12. BIRTHPLACE <u>Georgia</u> 13. OCCUPATION <u>carpenter</u>		MOTHER FULL NAME <u>Cleora Simpson Jennings</u> RESIDENCE <u>Marianna, Ark</u> 14. AGE AT LAST BIRTHDAY <u>30</u> Years 15. BIRTHPLACE <u>Georgia</u> 16. OCCUPATION <u>housewife</u>	
21. Number of children born to this mother including present birth <u>1</u>			
22. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> at <u>7 A.M.</u> on the day above stated. (Signature) <u>W. B. Beair</u> Address <u>Marianna, Ark</u> 23. <u>3-2-1922</u> Filed <u>W. B. Beair</u> Registrar Form V. S. No. 1-2M Books-7-12-18			

THIS IS TO CERTIFY, That the above is a full, true and correct copy of the original certificate which is on file in this office and of which I am legal custodian.

IN TESTIMONY WHEREOF, Witness my hand and seal of office, at Little Rock, Arkansas.

AUG 25 1942

(157)

W

W. B. Beair
Registrar
State of Arkansas

September 5, 1942
Marianna, Arkansas

TO WHOM IT MAY CONCERN:

This is to certify that our son, William Columbus Jennings, Jr., was born on February 10, 1922 instead of on February 10, 1912 as is indicated on his birth certificate.

William Columbus Jennings Sr.
William Columbus Jennings Sr.

Cleora Simpson Jennings
Cleora Simpson Jennings

Subscribed and sworn to before me this the 5th day of September 1942.

My commission expires.
August 28th, 1946

Ben J. Brown
Notary Public

Honorable Discharge, US Army,
William C. Jennings, Jr.
recorded Lee Co., AR

William C. Jennings, Jr. was born 10 FEB 1922
in Marianna, AR
(confirmation of birthdate as Birth Certificate was incorrect)

Gen 3 Proofs
Mark Daniel Jennings
Children American Revolution

Gen 03

United States

Honorable Discharge

This is to certify that

WILLIAM C JENNINGS JR 18 165 504 Staff Sergeant

214th Signal Depot Company

Army of the United States

is hereby Honorably Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to this country.

Given at
SEPARATION CENTER
Camp Cheffee Arkansas.
Date 26 January 1946

33

L. G. Case
L. G. CASE
Lt Col Inf

CERTIFICATE OF RECORD

State of Arkansas }
County of Lee } ss.

I, W. F. Curtis, Circuit Court Clerk and Ex-Officio Recorder within and for the County in the State of Alabama, do hereby certify that the foregoing instrument of writing was for record in my office on the 31st day of Jan., 1946, at 2 o'clock P. M., and that the same is now duly recorded in Record Book No. 3, at Page 69 of the records of this office.

In witness whereof, I have hereunto set my hand and affixed the Seal of the said Court this 31st day of January 19 46

[Signature]
Circuit Clerk and Ex-Officio Recorder.

Deputy

ENLISTED RECORD AND REPORT OF SEPARATION

HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL Fennines William C Jr	2. JURY SERIAL NO. 18 165 504	3. GRADE S Sgt	4. ARMS SERVICE Sig C	5. COMPONENT ERC
6. ORGANIZATION 214th Sig Det Co	7. DATE OF SEPARATION 26 Jan 46	8. PLACE OF SEPARATION Camp Charlee Arkansas		
9. FURNISH ADDRESS FOR MAILING PURPOSES 215 S Mississippi St Marianna Ark	10. DATE OF BIRTH 10 Feb 22	11. PLACE OF BIRTH Marianna Ark		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SUSPENDED 215 S Mississippi St Marianna Ark	13. GRADE Grav Bn	14. HEIGHT 5'7"	15. WEIGHT 165 lbs	16. DEFENSE None
17. RACE See 9	18. MARITAL STATUS None	19. U.S. CITIZEN Yes	20. CIVILIAN OCCUPATION Student Business Administration	21. O-28
19. MILITARY OR OTHER SPECIALTY None	22. DATE OF INDUCTION 7 Sep 42	23. DATE OF EXPIRATION 11 May 43	24. DUTY STATION Op Robinson Ark	
20. MILITARY OR OTHER SPECIALTY None	25. DATE OF INDUCTION 7 Sep 42	26. DATE OF EXPIRATION 11 May 43	27. DUTY STATION Op Robinson Ark	
21. ADDRESS FROM WHICH EMPLOYMENT WILL BE SUSPENDED 215 S Mississippi St Marianna Ark	22. DATE OF INDUCTION 7 Sep 42	23. DATE OF EXPIRATION 11 May 43	24. DUTY STATION Op Robinson Ark	
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23. ADDRESS FROM WHICH EMPLOYMENT WILL BE SUSPENDED 215 S Mississippi St Marianna Ark	24. DATE OF INDUCTION 7 Sep 42	25. DATE OF EXPIRATION 11 May 43	26. DUTY STATION Op Robinson Ark	
24. ADDRESS FROM WHICH EMPLOYMENT WILL BE SUSPENDED 215 S Mississippi St Marianna Ark	25. DATE OF INDUCTION 7 Sep 42	26. DATE OF EXPIRATION 11 May 43	27. DUTY STATION Op Robinson Ark	
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26. ADDRESS FROM WHICH EMPLOYMENT WILL BE SUSPENDED 215 S Mississippi St Marianna Ark	27. DATE OF INDUCTION 7 Sep 42	28. DATE OF EXPIRATION 11 May 43	29. DUTY STATION Op Robinson Ark	
27. ADDRESS FROM WHICH EMPLOYMENT WILL BE SUSPENDED 215 S Mississippi St Marianna Ark	28. DATE OF INDUCTION 7 Sep 42	29. DATE OF EXPIRATION 11 May 43	30. DUTY STATION Op Robinson Ark	
28. ADDRESS FROM WHICH EMPLOYMENT WILL BE SUSPENDED 215 S Mississippi St Marianna Ark	29. DATE OF INDUCTION 7 Sep 42	30. DATE OF EXPIRATION 11 May 43	31. DUTY STATION Op Robinson Ark	
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42. ADDRESS FROM WHICH EMPLOYMENT WILL BE SUSPENDED 215 S Mississippi St Marianna Ark	43. DATE OF INDUCTION 7 Sep 42	44. DATE OF EXPIRATION 11 May 43	45. DUTY STATION Op Robinson Ark	
43. ADDRESS FROM WHICH EMPLOYMENT WILL BE SUSPENDED 215 S Mississippi St Marianna Ark	44. DATE OF INDUCTION 7 Sep 42	45. DATE OF EXPIRATION 11 May 43	46. DUTY STATION Op Robinson Ark	
44. ADDRESS FROM WHICH EMPLOYMENT WILL BE SUSPENDED 215 S Mississippi St Marianna Ark	45. DATE OF INDUCTION 7 Sep 42	46. DATE OF EXPIRATION 11 May 43	47. DUTY STATION Op Robinson Ark	
45. ADDRESS FROM WHICH EMPLOYMENT WILL BE SUSPENDED 215 S Mississippi St Marianna Ark	46. DATE OF INDUCTION 7 Sep 42	47. DATE OF EXPIRATION 11 May 43	48. DUTY STATION Op Robinson Ark	
46. ADDRESS FROM WHICH EMPLOYMENT WILL BE SUSPENDED 215 S Mississippi St Marianna Ark	47. DATE OF INDUCTION 7 Sep 42	48. DATE OF EXPIRATION 11 May 43	49. DUTY STATION Op Robinson Ark	
47. ADDRESS FROM WHICH EMPLOYMENT WILL BE SUSPENDED 215 S Mississippi St Marianna Ark	48. DATE OF INDUCTION 7 Sep 42	49. DATE OF EXPIRATION 11 May 43	50. DUTY STATION Op Robinson Ark	
48. ADDRESS FROM WHICH EMPLOYMENT WILL BE SUSPENDED 215 S Mississippi St Marianna Ark	49. DATE OF INDUCTION 7 Sep 42	50. DATE OF EXPIRATION 11 May 43	51. DUTY STATION Op Robinson Ark	

CERTIFICATE OF RECORD

Gen 03

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

ACCORDING
TO
NAME OF DECEDENT
FOR USE IN PREPARING
INSTRUCTIONS
0353232394

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EX-
CUTING CERTIFICATE
MUST COMPLETE AND
SIGN MEDICAL CERTI-
FICATION WITHIN 48
HOURS.

SEE INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH

STATE OF TENNESSEE Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER **94 015523**

1. DECEDENT'S NAME (First, Middle, Last) William Columbus Jennings Jr.		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) April 23, 1994
4. SOCIAL SECURITY NUMBER (of Decedent) 431-03-9407	5a. AGE - LAST BIRTHDAY (Years) 72	5b. UNDER 1 YEAR MOS. Days Hours Mins.	6. DATE OF BIRTH (Month, Day, Year) FEB 10, 1922
7. BIRTHPLACE (City and State of Foreign Country) Marianna, Arkansas		8. PLACE OF DEATH (Check only one) 1 ☒ In Hospital 2 ☐ In/Outpatient 3 ☐ D.O.A. 4 ☐ Nursing Home 5 ☒ Residence 6 ☐ Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) Route 7		10. CITY, TOWN, OR LOCATION OF DEATH Elizabethton	
11. COUNTY OF DEATH Carter		12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) General Agent	
13. RESIDENCE - STATE Tennessee		14. RESIDENCE - COUNTY Carter	
15. RESIDENCE - CITY, TOWN, OR LOCATION Elizabethton		16. STREET AND NUMBER OR RURAL LOCATION Route 7, Box 1095	
17. INSIDE CITY LIMITS 1 ☐ Yes 2 ☒ No		18. ZIP CODE 37643	
19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify race or ethnicity, e.g., Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☒ No		20. RACE - American Indian, Black, White, etc. (Specify) White	
21. DECEDENT'S EDUCATION (Specify only highest grade completed) 4		22. MOTHER'S NAME (First, Middle, Maiden Surname) Cleva Simpson	
23. FATHER'S NAME (First, Middle, Last) William C. Jennings Sr.		24. MOTHER'S NAME (First, Middle, Maiden Surname) Cleva Simpson	
25. INFORMANT'S NAME (Type/Print) Ann Jennings		26. RELATIONSHIP TO DECEASED Wife	
27. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Route 7, Box 1095, Elizabethton, Tennessee 37643		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Happy Valley Memorial Park	
29. METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☒ Other (Specify) Entombment		30. LOCATION - City or Town, State Elizabethton, Tennessee	
31. SIGNATURE OF FUNERAL DIRECTOR [Signature]		32. LICENSE NUMBER OF FUNERAL DIRECTOR 2860	
33. SIGNATURE OF EMBALMER [Signature]		34. LICENSE NUMBER OF EMBALMER 3350	
35. NAME AND ADDRESS OF FUNERAL HOME Hathaway-Percy Funeral Home		36. LICENSE NUMBER OF FUNERAL HOME 593	
37. 101 East E. Street - Elizabethton, TN 37643		38. DATE FILED (Month, Day, Year) April 27, 1994	
39. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 25a. SIGNATURE AND TITLE OF PHYSICIAN [Signature] Steve Brown MD		25b. LICENSE NUMBER MD 19265	
25c. DATE SIGNED (Month, Day, Year) 4-27-94		26a. SIGNATURE AND TITLE OF MEDICAL EXAMINER [Signature]	
26b. LICENSE NUMBER [Signature]		26c. DATE SIGNED (Month, Day, Year) [Signature]	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Steven Brown M.D., 403 Princeton Rd., Johnson City, Tennessee 37601			
28. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Pancreatic Cancer Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 1579 a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):			
29. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 12 months			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
30. MANNER OF DEATH 1 ☒ Natural 2 ☐ Pending investigation 3 ☐ Accident 4 ☐ Suicide 5 ☐ Could not be determined 6 ☐ Homicide			
31a. DATE OF INJURY (Month, Day, Year)			
31b. TIME OF INJURY 1 ☐ Yes 2 ☐ No			
31c. INJURY AT WORK? 1 ☐ Yes 2 ☐ No			
31d. DESCRIBE HOW INJURY OCCURRED			
31e. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

BIRTH NO

PH-1689
REV. 1/88

4236432

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Teresa S. Hendricks
STATE REGISTRAR

Date Issued Jun-08-2010

CERTIFICATION OF VITAL RECORD



STATE OF MISSISSIPPI	
MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS	
BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH	
MISSISSIPPI STATE BOARD OF HEALTH	
4499	
Do Not Write Here	
1. PLACE OF BIRTH	
County <u>Hinds</u> Dist. No. <u>297</u> Reg. No. <u>107</u>	
Voting Precinct <u>Inside</u> or Village <u>Jackson</u>	
or City <u>Jackson</u> (Hospital) <u>Infirmary</u>	
2. Full name of child <u>Ann Dewitt Prather</u>	
3. <u>Female</u> If plural births <u>1</u> 4. Twin or triplet <u>1</u> 5. No. in order of birth <u>1</u> 6. Premature <u>1</u> 7. Legitimate? <u>Yes</u> 8. Date of birth <u>2-18-34</u> (Month, day, year)	
FATHER	
Full name <u>Robert James Prather</u>	
Full P. O. Address <u>911 Parkside Place</u>	
10. <u>White</u> 11. Age at last birthday <u>26</u> (Years)	
13. Birthplace (city or county) <u>Webb, Miss</u>	
15. Industry or business in which work was done, as spinner, sawyer, bookkeeper, etc. <u>Telephone Co.</u>	
16. Date (month and year) last engaged in this work <u>1934</u>	
17. Total time (years) spent in this work <u>5 yrs.</u>	
MOTHER	
Full maiden name <u>Emmette Jeanne Connerly</u>	
Full P. O. Address <u>Same</u>	
18. <u>White</u> 19. Age at last birthday <u>28</u> (Years)	
22. Birthplace (city or county) <u>Columbia, Miss</u>	
24. Industry or business in which work was done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
25. Date (month and year) last engaged in this work <u>1934</u>	
26. Total time (years) spent in this work <u>3 yrs.</u>	
27. Number of children of this mother (at time of this birth and including this child) <u>3</u> (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>	
28. If stillborn, * period of gestation <u>9 months</u> 29. Cause of stillbirth <u>Before labor</u>	
*See other side.	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child who was <u>Born alive</u> on the date <u>March 2, 1934</u> (Born alive or stillborn)	
When there was no attending physician or midwife, then the father, householder, etc., should make this return	
Filed <u>March 2, 1934</u> (Signed) <u>J. C. Prather</u> , M. D.	
Registrar. Address <u>J. W. Boardman</u>	
THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE	
JUN - 3 2010	
Judy Moulder STATE REGISTRAR	
WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.	
VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW	
THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.	

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD
COUNTY of SANTA CLARA
PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201443001398

Gen 03

1. NAME OF DECEDENT - FIRST (Given) ANN		2. MIDDLE PRATHER		3. LAST (Family) JENNINGS	
4. DATE OF BIRTH mm/dd/yyyy 02/18/1934					
5. AGE Yrs. 79					
6. SEX F					
7. DATE OF DEATH mm/dd/yyyy 02/12/2014					
8. HOUR (24 Hours) 0535					
9. BIRTH STATE/FOREIGN COUNTRY MS		10. SOCIAL SECURITY NUMBER 428-66-2838		11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK	
12. MARITAL STATUS/RODP (at Time of Death) WIDOWED		13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE ☐ YES ☒ NO			
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) ☐ YES ☒ NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN			
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED NURSE		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HEALTHCARE		18. YEARS IN OCCUPATION 30	
19. DECEDENT'S RESIDENCE (Street and number, or location) 22445 CUPERTINO ROAD					
20. CITY CUPERTINO		21. COUNTY/PROVINCE SANTA CLARA		22. ZIP CODE 95014	
23. YEARS IN COUNTY 2		24. STATE/FOREIGN COUNTRY CA			
25. INFORMANT'S NAME, RELATIONSHIP WILLIAM EUGENE JENNINGS, SON					
26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1880 CAMPBELL AVE, SAN JOSE, CA 95125					
27. NAME OF SURVIVING SPOUSE/RODP - FIRST ROBERT		28. MIDDLE JAMES		29. LAST (BIRTH NAME) PRATHER	
30. NAME OF FATHER/PARENT - FIRST EMMETTE		31. MIDDLE JEANNE		32. LAST (BIRTH NAME) CONERLY	
33. DATE OF DEATH mm/dd/yyyy 02/18/2014		34. PLACE OF FINAL DISPOSITION HAPPY VALLEY MEMORIAL PARK			
35. TYPE OF DISPOSITION(S) CR/TR/BU		36. SIGNATURE OF EMBALMER NOT EMBALMED			
37. NAME OF FUNERAL ESTABLISHMENT BAY AREA MORTUARY SERVICES		38. LICENSE NUMBER FD1829		39. SIGNATURE OF LOCAL REGISTRAR SARA H CODY, MD	
40. DATE mm/dd/yyyy 02/18/2014		41. LICENSE NUMBER G75000			
42. PLACE OF DEATH SUNNY VIEW MANOR					
43. COUNTY SANTA CLARA		44. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 22445 CUPERTINO RD		45. CITY CUPERTINO	
46. CAUSE OF DEATH (A) MYOCARDIAL INFARCTION (B) ATHEROSCLEROTIC HEART DISEASE (C) URINARY TRACT INFECTION NON-CATHETER RELATED, PNEUMONIA ORGANISM UNSPECIFIED, NEURODEGENERATIVE DISEASE					
47. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NO					
48. SIGNATURE AND TITLE OF CERTIFIER SHEILA HUMPHRIES M.D.					
49. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SHEILA HUMPHRIES M.D.					
50. DATE mm/dd/yyyy 01/02/2012					
51. DATE mm/dd/yyyy 02/11/2014					
52. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 811 ALTOS OAKS STE 2, LOS ALTOS, CA 94024					
53. MANNER OF DEATH ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Investigation ☐ Pending ☐ Could not be determined					
54. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
55. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
56. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
57. SIGNATURE OF CORONER / DEPUTY CORONER					
58. DATE mm/dd/yyyy					
59. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
60. STATE REGISTRAR					
61. FAX AUTH.#					
62. CENSUS TRACT					

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED
By **FEB 20 2014**

* H 2 9 4 2 2 7 5 *

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Effective 10/12/2013

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved binder displaying seal and signature of Registrar.

PRNCO (Rev) 8/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Marriage Certificate, William C.
Jennings, Jr. and Ann Dewitt PRATHER,
MS Dept. of Health

William Columbus Jennings, Jr. and
Ann Dewitt PRATHER, married on
15 JUL 1960, in Jackson, Hinds Co., MS

Gen 03 Proofs
Mark Daniel Jennings
Children American Revolution

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



09511997

STATISTICAL RECORD OF MARRIAGE

10625

MISSISSIPPI STATE BOARD OF HEALTH

GROOM		BRIDE	
1. Full Name <u>William Columbus Jennings, Jr.</u>		11. Full Present Name <u>Ann Dewitt Prather</u>	
2. Date of Birth (month, day & year) <u>2-10-1922</u> <u>28</u>	3. Color or Race <u>White</u>	12. Date of Birth (month, day & year) <u>2-18-33</u> <u>27</u>	13. Color or Race <u>White</u>
4a. Usual Residence (street address) <u>744 Oakwood-Apt. A-Jackson, Miss.</u>		14a. Usual Residence (street address) <u>811 Fairview</u>	
4b. City <u>Jackson,</u>	4c. State <u>Miss.</u>	14b. City <u>Jackson</u>	14c. State <u>Miss.</u>
5a. Occupation <u>General Insurance Agency of Jackson</u>		15a. Occupation <u>R.N.</u>	
5b. Kind of Business <u>Insurance</u>		15b. Kind of Business <u>Nurse</u>	
6. Where Born (County) (State) <u>Lee County, Ark.</u>		16. Where Born (County) (State) <u>Hinds County, Miss.</u>	
7. Number of Other Marriages None ☐ One ☒ Two ☐ Three ☐		17. Number of Other Marriages None ☒ One ☐ Two ☐ Three ☐	
8. Last Marriage (if any) Ended by Death ☐ Divorce ☒ Annulment ☐		18. Last Marriage (if any) Ended by Death ☐ Divorce ☐ Annulment ☐	
9. Father's Full Name <u>William Columbus Jennings</u>		19. Father's Full Name <u>Robert James Prather</u>	
10. Mother's Full Maiden Name <u>Cleva Simpson</u>		20. Mother's Full Maiden Name <u>Emmette Conerly</u>	

We hereby certify that the information concerning each of us is true and correct, to the best of our knowledge and belief.

William C. Jennings Jr. Groom Ann D. Prather Bride
Mrs. 2nd Rackley Witness Mrs. 2nd Rackley Witness

CERTIFICATE OF PERSON PERFORMING THE CEREMONY

I hereby certify that William Columbus Jennings Jr. and Ann Dewitt Prather
were joined in marriage by me in accordance with the laws of the State of Mississippi at Jackson
in the county of Hinds State of Mississippi, the 15th day of July 1960
LICENSE ISSUED ON July 14 1960 Signed Daniel B. Pearl
BOOK 60 PAGE 20 Official Position Minister
IN Hinds COUNTY Address 205 E. Pratt St.

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

JUN - 3 2010

Judy Moulder
STATE REGISTRAR

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