

STATE OF TENNESSEE

Office of Vital Records

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF PUBLIC HEALTH - STATE OF TENNESSEE - DIVISION OF VITAL STATISTICS

NO. **141- 63-17598**

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

TYPE OR WRITE PLAINLY. ONLY PERMANENT BLUE OR BLACK INK ACCEPTABLE. SIGNATURE MUST BE IN PERMANENT BLUE OR BLACK INK.

PREPARE SEPARATE FORM FOR EACH CHILD IF MULTIPLE BIRTH.

ATTENDANT MUST SIGN. POWER OF SIGNATURE CANNOT BE DELEGATED.

MUST FILE CERTIFICATE WITH REGISTRAR DAYS AFTER

OTHER'S MAIL-INGS. A FREE LITIC COPY OF CERTIFICATE SENT TO HER.

ITEMS 21-23 ARE FOR MEDICAL AND HEALTH USE ONLY AND WILL NOT APPEAR ON COPIES.

1. NAME OF CHILD FIRST: <u>William</u> MIDDLE: <u>Eugene</u> LAST: <u>Jennings</u>			
2. SEX <u>Male</u>	3A. THIS BIRTH SINGLE ☒ TWIN ☐ TRIPLET ☐	3B. IF TWIN OR TRIPLET, THIS CHILD BORN 1st ☐ 2nd ☐ 3rd ☐	4. DATE OF BIRTH MONTH: <u>Feb.</u> DAY: <u>19</u> YEAR: <u>1963</u>
5. PLACE OF BIRTH A. COUNTY: <u>Shelby</u> B. CIVIL DISTRICT: _____		6. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE: <u>Tennessee</u> COUNTY: <u>Shelby</u> C. CIVIL DISTRICT: _____	
C. CITY OR TOWN: <u>Memphis</u> D. INSIDE CITY LIMITS? YES ☒ NO ☐		D. CITY OR TOWN: <u>Memphis</u> E. INSIDE CITY LIMITS? YES ☐ NO ☒	
8. NAME OF (IF NOT IN HOSPITAL, GIVE STREET ADDRESS OR LOCATION) HOSPITAL: <u>Baptist Memorial</u>		F. STREET ADDRESS (OR LOCATION): <u>300 N. Highland</u> G. IS RESIDENCE ON A FARM? YES ☐ NO ☒	
FATHER OF CHILD			
7. FULL NAME FIRST: <u>William</u> MIDDLE: <u>Columbus</u> LAST: <u>Jennings, Jr.</u>			8. COLOR OR RACE: <u>White</u>
9. AGE (At time of this birth) <u>41</u> YEARS	10. BIRTHPLACE (State or Foreign Country) <u>Arkansas</u>	11A. USUAL OCCUPATION <u>Insurance Agent</u>	11B. KIND OF BUSINESS OR INDUSTRY <u>General Insurance</u>
MOTHER OF CHILD			
12. FULL MAIDEN NAME FIRST: <u>Ann</u> MIDDLE: <u>Dewitt</u> LAST: <u>Prather</u>			13. COLOR OR RACE: <u>White</u>
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or Foreign Country) <u>Mississippi</u>	16A. USUAL OCCUPATION <u>Housewife</u>	16B. KIND OF BUSINESS OR INDUSTRY
17. PREVIOUS DELIVERIES TO THIS MOTHER (DO NOT INCLUDE THIS CHILD)	A. HOW MANY OTHER CHILDREN ARE NOW LIVING? <u>0</u>	B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? <u>0</u>	C. HOW MANY FETAL DEATHS? (BORN DEAD AFTER 20 WEEKS OF PREGNANCY) <u>0</u>
18. MOTHER'S MAILING ADDRESS <u>300 N. Highland, Memphis, Tennessee</u>			REC'D BY SLT/MA 2563
A. I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE ON DATE STATED ABOVE			
19. SIGNATURE NAME: <u>[Signature]</u> B. ADDRESS: <u>509 B. Baptist Medical Building</u>		M.D. ☐ D.O. ☐ MID. ☐ OTHER (SPECIFY): _____ C. DATE SIGNED: <u>12-28-63</u>	
20A. REGISTRATION DISTRICT NO. <u>791</u>	20B. DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 18 1963</u>	20C. REGISTRAR'S SIGNATURE <u>[Signature]</u> Deputy	

FOR MEDICAL AND HEALTH USE ONLY

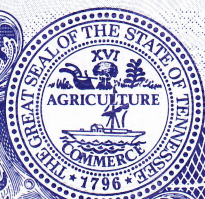
I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

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

Paula Taylor
Paula Taylor
State Registrar

Date Issued Oct-23-2000

CERTIFICATION OF VITAL RECORD



CERTIFICATE OF DEATH

Registration District No. 032-95 Local No. 2060

DECEDENT'S NAME (First, Middle, Last)

DONNA J. JENNINGS

DONNA JEAN JENNINGS

SEX

F

DATE OF DEATH (Month, Day, Year)

9/16/00

1. SOCIAL SECURITY NUMBER

4. 026-36-7343

AGE—Last Birthday (Years)

53

UNDER 1 YEAR

Months Days

UNDER 1 DAY

Hours Minutes

DATE OF BIRTH (Month, Day, Year)

Sept 17, 1946

BIRTHPLACE (County and State or Foreign Country)

7. Boston, MA

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)

NO

9a. PLACE OF DEATH (Check only one)
HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)

FACILITY NAME (If not institution, give street and number)

DUKE UNIVERSITY MEDICAL CENTER

DURHAM, NC

INSIDE CITY LIMITS? (Yes or No)

YES

COUNTY OF DEATH

DURHAM

9b. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)

10. Married

SURVIVING SPOUSE (If wife, give maiden name)

11. William Eugene Jennings

DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)

12a. Student

KIND OF BUSINESS/INDUSTRY

12b. Artist

RESIDENCE—STATE

13a. NC

COUNTY

13b. Wake

CITY, TOWN, OR LOCATION

13c. Cary

STREET AND NUMBER

13d. 111 Devenbrook Lane

INSIDE CITY LIMITS? (Yes or No)

13e. Yes

ZIP CODE

13f. 27511

Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No (Specify)

14. No

RACE—American Indian, Black, White, Etc. (Specify)

15. White

DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+)

16. 16

FATHER'S NAME (First, Middle, Last)

17. Holman

DAY

MOTHER'S NAME (First, Middle, Maiden Surname)

18. Shirley Young

INFORMANT'S NAME (Type/Print)

19a. William Jennings

MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

19b. 111 Devenbrook Ln. Cary N.C. 27511

DATE AMENDED

19c.

Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)

IMMEDIATE CAUSE
(Final disease or condition resulting in death)

a. Amyotrophic lateral sclerosis

DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

b.

DUE TO (OR AS A CONSEQUENCE OF):

c.

DUE TO (OR AS A CONSEQUENCE OF):

d.

20a. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc.

20b. AUTOPSY? (Yes or No) If yes, were findings considered in determining cause of death?

21a. No

Was case referred to Medical Examiner? (Yes or No)

21c. No

TIME OF DEATH

22. 9:15 PM

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATH FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

SIGNATURE AND TITLE OF CERTIFIER

23a. X

DATE SIGNED (Month, Day, Year)

23b. 9/16/00

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print)

24. MICHAEL JAMES, MD DUKE UNIVERSITY MEDICAL CENTER, DURHAM, NC

METHOD OF DISPOSITION
☐ Burial ☒ Cremation ☐ Removal

25a. Donation Other

PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

25b. L Harold Poole Crematory

LOCATION — City or Town, State, Zip Code

25c. Knightdale N.C. 27545

NAME AND ADDRESS OF FUNERAL HOME

26a. Cary Funeral Home Cary N.C. 27513

NAME OF FUNERAL DIRECTOR

26b. Jerry W. Hall

LICENSE NUMBER

26c. FSL 1541

REGISTRAR'S SIGNATURE

27. [Signature]

DATE FILED (Month, Day, Year)

28. 9-21-2000

NAME OF EMBALMER

26d. Jerry W. Hall

LICENSE NUMBER

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OR ABSTRACT OF THE OFFICIAL RECORD FILED IN THIS OFFICE.

WILLIE L. COVINGTON
REGISTER OF DEEDS
DURHAM COUNTY

WITNESS MY HAND AND OFFICIAL SEAL
THIS THE 21st day of SEPTEMBER, 2000 BY Cornelia R. Pales

DEPUTY REGISTER OF DEEDS

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

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26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

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26e. FSL 1541

27. [Signature]

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26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

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26e. FSL 1541

27. [Signature]

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26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

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27. [Signature]

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26e. FSL 1541

27. [Signature]

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27. [Signature]

28. 9-21-2000

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26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

27. [Signature]

28. 9-21-2000

26d. Jerry W. Hall

26e. FSL 1541

Swept Away



negril

July 21, 1995

Mr. & Mrs. William Jennings
303 Southglen Drive
Cary, NC 27511
USA

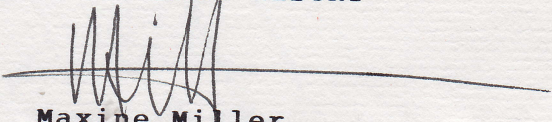
Dear William and Donna,

Enclosed are certified copies of your marriage certificates which we have just received from the Registrar General's Department in Kingston.

We trust that you were not too inconvenienced by the delay in forwarding these to you.

Once again, Congratulations and thank you for choosing **SWEPT AWAY RESORT**. We look forward to seeing you on your wedding anniversary, or even sooner.

Sincerely
SWEPT AWAY RESORT


Maxine Miller
Guest Relations Assistant

S W E P T
A W A Y
P.O. BOX 77
LONG BAY
NEGRIL
JAMAICA

809/957-4040 RESERVATION

809/957-4061-6

809/957-4060 FAX

DIRECTORS - "LEE" ISSA - MANAGING, LOUISE CHIN, JANE ISSA, DAWN PURANDA - SECRETARY

MARRIAGE (DUPLICATE) REGISTER

NAME AND SURNAME	CONDITION	CALLING	AGE	PARISH AND RESIDENCE AT THE TIME OF MARRIAGE	FATHER'S NAME AND SURNAME
William Eugene Jennirop	Bachelor	Engineer	Thirty Two	Westmoreland	William Jennirop
Dean Whitshire	Divorcee	College Student	Eighty Eight	Westmoreland	Thomas Day

in the Parish of Westmoreland, by ~~last~~ before me Kevin Wilson, a Marriage Officer of the Island

William E. Jennirop in the presence of Charles - Depri

Dean G. Whitshire 574, 066, 95

No. 5

MARRIAGE (DUPLICATE) REGISTER

No.	WHEN MARRIED	NAME AND SURNAME	CONDITION	CALLING	AGE	PARISH AND RESIDE THE TIME OF MAR
1277	Thirtieth June 1995	William Eugene Jennirop	Bachelor	Engineer	Thirty Two	Westmor
		Dean Whitshire	Divorcee	College Student	Eighty Eight	Westmor

Married at St. Saviour's Church in the Parish of Westmoreland, by ~~last~~ before me Kevin Wilson

of Jamaica, by Minister's Licence

This Marriage was celebrated between us William E. Jennirop in the presence of Charles - Depri

Dean G. Whitshire 574, 066, 95

No. 5

CERTIFIED TO BE A TRUE COPY
OF THE ORIGINAL
20 JUL 1995
REGISTRAR GENERAL OF JAMAICA

No. 5

CERTIFIED TO BE A TRUE COPY
OF THE ORIGINAL
20 JUL 1995
REGISTRAR GENERAL OF JAMAICA

STATE OF NEW JERSEY

A0005500740

NEW JERSEY STATE DEPARTMENT OF HEALTH CERTIFICATE OF LIVE BIRTH

129 -

STATE FILE NUMBER

067389

1. NAME OF CHILD (Type or Print) <i>Patricia Jolanda Bock</i>					
2a. DATE OF BIRTH <i>August 19 1968</i>		2b. Hour <i>6:51</i> a.m.	3. Sex <i>F</i>	4. This Birth Single ☒ Twin ☐ Triplet ☐	4b. If Twin or Triplet, this child born 1st ☐ 2nd ☐ 3rd ☐
5. PLACE OF BIRTH a. County <i>Hudson</i>			6. USUAL RESIDENCE (If institution, residence before admission) a. State <i>New Jersey</i> b. County <i>Hudson</i>		
b. City ☒ (Check box and give name) Boro ☐ <i>Hoboken</i> Twp. ☐			c. City ☐ (Check box and give name) Boro ☐ <i>North Bergen</i> Twp. ☐		
c. Name of Hospital or Institution <i>ST. Mary Hospital</i>			d. Street Address (If rural, P.O. Address) <i>8426 Liberty Avenue</i>		
7a. Mother's Maiden Name <i>IRMA SITTNER</i>			7b. Age <i>33</i>	7c. State of Birth (If not in U.S.A. name country) <i>Argentina</i>	
7d. Name municipality within whose limits mother actually lives (not mail address) <i>North Bergen</i>					
8a. Father's Name <i>Charles Bock</i>			8b. Age <i>32</i>	8c. State of Birth (If not in U.S.A. name country) <i>Argentina</i>	
9a. Informant's Name and Address <i>IRMA BOCK SAME AS 6D</i>			9b. Relation to Child		
10a. I certify that child was born alive on the date stated above			10b. Date Signed <i>8/30/68</i>		10c. ATTENDANT: M.D. ☒ MIDWIFE ☐
Signature <i>Vincent De Pietro</i>			OTHER (Specify) ☐		
10d. Certifier's Name (Type or Print) <i>Dr. Vincent De Pietro</i>			10e. Mailing Address <i>2616 Kennedy Boulevard Union City</i>		
11a. Registrar's Signature <i>Joseph A. Komosinski</i>			11b. Date Received by Local Registrar <i>8-21-68</i>		

Issued on June 11, 2010 by the
State Department of Health and Senior Services
Bureau of Vital Statistics and Registration

CORRECTED SEE ATTACHMENT

This is to certify that the above is correctly
copied from a record on file in my office.

Certified copy not valid unless the raised
Great Seal of the State of New Jersey
or the seal of the issuing municipality
or county, is affixed hereon.

Joseph A. Komosinski
Joseph A. Komosinski, State Registrar
Bureau of Vital Statistics



REG-42A
JULY 04

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK

HOLD TO LIGHT TO VIEW WATERMARK

STATE REGISTRAR OF VITAL STATISTICS, P. O. BOX 1540, TRENTON, N. J. 08625
REQUEST FOR CORRECTION OR ADDITION TO ORIGINAL RECORD OF BIRTH, MARRIAGE OR DEATH

Name/s on Original Record <u>Patricia Yolanda Bock</u> <u>067389</u>	
Date of Birth ☒ (Check box and give date)	Place of Birth ☒ (Check box and give place)
Marriage ☐	Marriage ☐
Death ☐ <u>Aug</u> <u>19</u> <u>1968</u> (month) (day) (year)	Death ☐ <u>Hoboken</u> <u>Hudson</u> (city or township) (county)
ITEMS TO BE AMENDED	
Item Omitted or in Error	As Item Now Appears
<u>Middle Name</u>	<u>Yolanda</u>

SECTION 1

How do you know such information is correct?	
Your relationship to person whose certificate is incorrect? _____ Your age _____	
Your Address _____	Your Signature _____
Witness' Address _____	Witness' Signature _____
Date <u>19NOV 7 1968</u>	

SECTION 2

<u>Charles Bock</u> , being duly sworn, says that (s)he has knowledge of the facts concerning this event and that all information shown in Section 1 is true and correct.	
Signature of Affiant <u>Charles Bock</u>	Age <u>32</u> Relationship <u>Father</u>
Address <u>8426 LIBERTY AVE. NORTHBURG N. J.</u>	
Subscribed and sworn to before me at <u>Hoboken N.J.</u> this <u>19</u> day of <u>Dec</u> , 19 <u>68</u>	
Signed <u>Theodore A. Hashman</u>	(Official title) <u>NOTARY PUBLIC OF NEW JERSEY</u>

SECTION 3

Notation of Documentary Proof	My Commission Expires April 4 1970
Examined by Registrar <u>12-1-68</u>	<u>as per original Dec 1 1968 - made correct</u>

SEE ATTACHMENT

Issued on June 11, 2010 by the
State Department of Health and Senior Services
Bureau of Vital Statistics and Registration

This is to certify that the above is correctly
copied from a record on file in my office.

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or county, is affixed hereon.

Joseph A. Komosinski
Joseph A. Komosinski, State Registrar
Bureau of Vital Statistics



COUNTY of SANTA CLARA

SAN JOSE, CALIFORNIA

LICENSE AND CERTIFICATE OF CONFIDENTIAL MARRIAGE

5-2002-43-00-1187

	STATE FILE NUMBER		LOCAL REGISTRATION NUMBER		LICENSE NUMBER	
HUSBAND PERSONAL DATA	1A. NAME OF HUSBAND—FIRST (Given)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH—Month, Day, Year	
	WILLIAM	EUGENE	JENNINGS		02/19/1963	
	3. STATE OF BIRTH	4. NUMBER OF PREVIOUS MARRIAGES	5A. LAST MARRIAGE ENDED BY:		5B. DATE—Month, Day, Year	
	TN	1	☒ DEATH ☐ DISSOLUTION ☐ ANNULMENT		09/16/2000	
	6A. USUAL OCCUPATION	6B. USUAL KIND OF BUSINESS OR INDUSTRY		7. EDUCATION—YEARS COMPLETED		
EXECUTIVE	ELECTRONICS		16			
WIFE PERSONAL DATA	8A. FULL NAME OF FATHER	8B. STATE OF BIRTH	8A. FULL MAIDEN NAME OF MOTHER		8B. STATE OF BIRTH	
	WILLIAM COLUMBUS JENNINGS	AR	ANN DEWITT PRATHER		MS	
	10A. NAME OF WIFE—FIRST (Given)	10B. MIDDLE	10C. CURRENT LAST (FAMILY)		10D. MAIDEN LAST (FAMILY), IF DIFFERENT THAN 10C	
	PATRICIA	YOLANDA	BOCK			
	11. DATE OF BIRTH—Month, Day, Year	12. STATE OF BIRTH	13. NUMBER OF PREVIOUS MARRIAGES		14A. LAST MARRIAGE ENDED BY:	
08/19/1968	NJ	0		☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT		
15A. USUAL OCCUPATION	15B. USUAL KIND OF BUSINESS OR INDUSTRY		16. EDUCATION—YEARS COMPLETED			
ATTORNEY	LAW		19			
RESIDENCE OF HUSBAND AND WIFE	17A. FULL NAME OF FATHER	17B. STATE OF BIRTH	18A. FULL MAIDEN NAME OF MOTHER		18B. STATE OF BIRTH	
	CHARLES ALBERT BOCK	ARGENTINA	IRMA SITTNER		ARGENTINA	
	19A. RESIDENCE—Street and Number	19B. CITY	19C. ZIP CODE	19D. COUNTY—Outside California, Enter State		
	556 CHERRY AVE.	LOS ALTOS	94022	SANTA CLARA		
	20A. MAILING ADDRESS—If Different	20B. CITY	20C. ZIP CODE	20D. COUNTY—Outside California, Enter State		
-	-	-	-			
AFFIDAVIT	21. SIGNATURE OF HUSBAND		22. SIGNATURE OF WIFE			
	<i>William E. Jennings</i>		<i>Patricia Y. Bock</i>			
I, the undersigned, empowered by the laws of the State of California, do hereby certify that the above-named parties to be married have personally appeared before me, proved to me on the basis of satisfactory evidence, have declared or affirmed that they meet all the requirements of the law, and the fees prescribed by law having been paid, do hereby authorize said parties to be married pursuant to Section 501, Family Code OR that this license was issued to the person performing the ceremony upon that person's presentation of an affidavit signed by the person and the parties to be married due to the inability of one or both of the parties to be married to physically appear. The affidavit explains the reason for inability to appear in accordance with Section 502, Family Code.						
23A. SIGNATURE AND TITLE OF ISSUING CLERK			24A. AFFIX NOTARY SEAL (If Applicable)		24B. "SUBSCRIBED AND SWORN TO BEFORE ME ON"	
<i>Brenda Davis</i>					MONTH DAY YEAR	
23B. COUNTY OF ISSUE		23C. MAILING ADDRESS AND ZIP CODE	SIGNATURE OF NOTARY			
SANTA CLARA		70 W. Hedding St. San Jose, Ca. 95110				
23D. ISSUE DATE—Month Day Year		23E. LICENSE EXPIRES AFTER—Month Day Year	Typed Name of Notary			
10/04/2002		01/02/2003				
CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE	25. I hereby certify that the above-named man and woman were joined by me in marriage in accordance with the laws of the State of California.		25A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE		25B. RELIGIOUS DENOMINATION (IF CLERGY)	
	ON <i>October 12</i> 2002		<i>Fr. Francisco D. Rios</i>		<i>R. Catholic</i>	
	AT <i>San Jose, Santa Clara</i> CALIFORNIA		25C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT)		25D. OFFICIAL TITLE	
	NOTE: THIS MARRIAGE MUST TAKE PLACE IN THE COUNTY IN WHICH THE LICENSE WAS ISSUED.		<i>Fr. Francisco D. Rios</i>		<i>Priest</i>	
25E. MAILING ADDRESS (Include City and State)		25F. ZIP CODE				
<i>38 Race St. San Jose, CA.</i>		<i>95126</i>				
COUNTY CLERK	27A. SIGNATURE OF COUNTY CLERK		27B. SIGNATURE OF DEPUTY CLERK (If Applicable)		28. DATE ACCEPTED FOR REGISTRATION	
	<i>Brenda Davis</i>		<i>Brenda Davis</i>		OCT 18 2002	

MUST BE LEGIBLE/MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS-SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS VS123 (1/00)

R609608

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

SS

Brenda Davis
BRENDA DAVIS, COUNTY CLERK-RECORDER

I, Brenda Davis, Santa Clara County Clerk-Recorder, do hereby certify that this is a true and exact reproduction of the document officially registered in my office.

Witness my hand and official seal this *18th* dayBy *William John Berg*
Deputyof *San Jose*, 20 *03*.

This copy not valid unless prepared on engraved border displaying seal and signature of Deputy County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Marriage Certificate

State of California

County of Santa Clara

I Hereby Certify that on October 12, 2002

Month

Day

Year

at St. Joseph Cathedral Basilica, San Jose California, under authority

of a license issued by the County Clerk of the County of Santa Clara, I, the

undersigned, as a Roman Catholic Priest, joined in marriage

William E. Jennings and Patricia Bock

in the presence of M. McIlhenny, residing at Oakland, CA

and Jeffery Neider, residing at Los Altos, CA

Fr. Francisco J. Rio

Signature of Person Solemnizing Marriage

TO THE BRIDE AND GROOM

COMPLETION OF THIS SOUVENIR MARRIAGE CERTIFICATE

This Souvenir Marriage Certificate will be completed and given to you by the person performing the ceremony immediately after the marriage ceremony.

* * * * *

REGISTRATION OF CERTIFICATE OF MARRIAGE

The original marriage certificate is to be completed by the person performing the ceremony. The certificate must be registered within four days after the marriage ceremony with the Local Registrar of Marriages (County Recorder of the county in which the license was issued). After a Local Registrar's copy is prepared, the original certificate is then forwarded to the State Registrar.

* * * * *

CERTIFIED COPY OF REGISTERED CERTIFICATE

A certified copy of the officially registered marriage certificate may be obtained for the applicable fee from the Local Registrar of Marriages (County Recorder of the county in which the license was issued) or from the State Registrar.

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES
OFFICE OF VITAL RECORDS

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 98</u>	3. Color or Race <u>White</u>	12. Date of Birth (month, day & year) <u>2-18-33 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.			
<u>Wm Jennings</u> Groom		<u>Ann D. Prather</u> Bride	
<u>Mrs. 2nd Rackley</u> Witness		<u>Mrs. 2nd Rackley</u> 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 R. Prater
BOOK 60 PAGE 20 Official Position Minister
IN Hinds COUNTY Address 20515 Proctorville Dr.

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 TENNESSEE Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER **94 015523**

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

NAME OF DECEDENT:
For use by physician or medical
examiner only

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

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

SEE INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH

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 431-03-9407		5. AGE - LAST BIRTHDAY (Years) 72		6. DATE OF BIRTH (Month, Day, Year) FEB 10, 1922	
7. BIRTHPLACE (City and State or Foreign Country) Marianna, Arkansas		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☒ Yes 2 ☐ No			
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. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		13. SURVIVING SPOUSE (If wife, give maiden name) Ann Prather		14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) General Agent	
15. RESIDENCE—STATE Tennessee		16. RESIDENCE—CITY, TOWN, OR LOCATION Elizabethton		17. RESIDENCE—STREET AND NUMBER OR RURAL LOCATION Route 7, Box 1095	
18. INSIDE CITY LIMITS? 1 ☐ Yes 2 ☒ No		19. ZIP CODE 37643		20. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☒ No	
21. FATHER'S NAME (First, Middle, Last) William C. Jennings Sr.		22. MOTHER'S NAME (First, Middle, Maiden Surname) Cleva Simpson		23. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Route 7, Box 1095, Elizabethton, Tennessee 37643	
24. METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☒ Other (Specify) Entombment		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Happy Valley Memorial Park		26. LOCATION—City or Town, State Elizabethton, Tennessee	
27. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		28. LICENSE NUMBER OF FUNERAL DIRECTOR 2860		29. SIGNATURE OF EMBALMER <i>[Signature]</i>	
30. NAME AND ADDRESS OF FUNERAL HOME Hathaway-Percy Funeral Home		31. LICENSE NUMBER OF FUNERAL HOME 593		32. DATE FILED (Month, Day, Year) April 22, 1994	
33. 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. 1 ☒ SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i> MD		34. LICENSE NUMBER MD 19265		35. DATE SIGNED (Month, Day, Year) 4-27-94	
36. MEDICAL EXAMINER—On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 ☐ SIGNATURE AND TITLE OF MEDICAL EXAMINER		37. LICENSE NUMBER		38. DATE SIGNED (Month, Day, Year)	
39. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Steven Brown M.D., 403 Princeton Rd., Johnson City, Tennessee 37601					
40. PART I. Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Let only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Pancreatic Cancer Sequently or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. 1579 b. 12 months c. 12 months d. 12 months					
41. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
42. MANNER OF DEATH 1 ☒ Natural 2 ☐ Pending Investigation 3 ☐ Accident 4 ☐ Suicide 5 ☐ Homicide 6 ☐ Could not be determined		43. DATE OF INJURY (Month, Day, Year)		44. TIME OF INJURY M	
45. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		46. INJURY AT WORK? 1 ☐ Yes 2 ☒ No		47. DESCRIBE HOW INJURY OCCURRED	
48. LOCATION (Street and Number or Rural Route Number, City or Town, State)		49. WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☒ No			
50. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☒ No		51. BIRTH NO			

PH-1059
REV. 1/89

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.

[Signature]
Teresa S. Hendricks
STATE REGISTRAR

Date Issued Jun-08-2010

CERTIFICATION OF VITAL RECORD



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



09510331

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

4499

1. PLACE OF BIRTH

County Starks

MISSISSIPPI STATE BOARD OF HEALTH

Dist. No. 297

Reg. No. 107

Do Not Write Here

Voting Precinct

Inside

or Village

or City Jackson Miss

(Hospital) Jackson Infirmary

2. Full name of child

Ann I. Dewitt Prather

3. Female

If plural births

4. Twin or triplet

6. Premature

7. Legitimate?

8. Date of birth

2-18-34
(Month, day, year)

5. No. In order of birth

Full term

yes

Full name

Robert James Prather

10. Full P. O. Address

911 Parkside Place

Full maiden name

Emmette Jeanne Overly

19. Full P. O. Address

Same

11. White

12. Age at last birthday 26 (Years)

20. White

21. Age at last birthday 28 (Years)

13. Birthplace (city or county)

Wobbs, Miss

22. Birthplace (city or county)

Columbia, Miss

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Telephone Co

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

19 5 yrs.

25. Date (month and year) last engaged in this work

19 3 yrs.

27. Number of children of this mother (at time of this birth and including this child)

3 (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

28. If stillborn,*

period of gestation

months or weeks

29. Cause of stillbirth

Before labor

During Labor

*See other side.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was Born Alive 10:05 PM, on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return

(Signed) J. C. Prather, M. D.

Filed March 2 19 34

or _____, Midwife

J. W. Bogert Registrar.

Address _____

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

Judy Moulder
STATE REGISTRAR

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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MARGIN RESERVED FOR BINDING

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



09525081

LOCAL FILE
NUMBER **431**

STATE OF MISSISSIPPI CERTIFICATE OF DEATH

STATE FILE
NUMBER

19649

1. MR. ROBERT J. PRATHER		2. MALE		3. OCT. 22, 1969	
4. WHITE		5. 62		6. MARCH 20, 1907	
7. PASCAGOULA		8. NO		9. PASCAGOULA RIVER PASCAGOULA, MISS.	
10. MISS.		11. UNITED STATES		12. MARRIED	
13. 436-07-4627		14. SOUTH CENTRAL BELL		15. TELEPHONE COMPANY	
16. MISS.		17. JONES		18. LAUREL	
19. ROBERT JAMES PRATHER		20. MRS. LONA ANDERSON PRATHER			
21. MRS. EMMETTE J. PRATHER		22. 1515 PARKER DRIVE LAUREL, MISS.			
23. DEATH WAS CAUSED BY:					
24. SUBMERSION (DROWNING)					
25. MODERATE ARTERIOSCLEROSIS, GENERALIZED					
26. ACCIDENT					
27. OCT 22, 1969					
28. 5 P. M.					
29. APPARENTLY FELL OUT OF BOAT					
30. NO					
31. RIVER					
32. OFF DEAD RIVER, JACKSON COUNTY					
33. OCT 22, 1969					
34. 11 P. M.					
35. 7100 21, 1969					
36. 39-67					
37. LAUREL, MISS.					
38. MEMORY CHAPEL LAUREL, MISS. 39440					
39. 1033					
40. 200-21-1969					

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JUN 15 2010

Judy Moulder
STATE REGISTRAR

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STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



09532837

FILING
DATE **MAR 06 1984**

CERTIFICATE OF DEATH

STATE FILE
NUMBER **123-84-02980**

DECEASED

1. NAME First EMMETTE Middle Jeanne Last PRATHER		2. SEX FEMALE	3a. HOUR OF DEATH 5:00a. m.	3b. DATE OF DEATH (Month, Day, Year) FEBRUARY 28, 1984
4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY 78 Years	ONLY IF UNDER 1 YEAR 5b. MOS. 5c. DAYS 5d. HOURS 5e. MINS.	6. DATE OF BIRTH (Month, Day, Year) NOVEMBER 10, 1905	
7b. CITY OR TOWN OF DEATH LAUREL		7c. HOSPITAL OR OTHER INSTITUTION—NAME AND NUMBER (If not in either, give street address, route number, or other location) JONES COUNTY COMMUNITY HOSPITAL 34J		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM., OR DOA INPATIENT
8. STATE OF BIRTH Mississippi	9. CITIZEN OF WHAT COUNTRY U.S.A	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name) NO	
13. ORIGIN OR DESCENT (Specify German, Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 427 18 3669	15a. USUAL OCCUPATION (Kind of work done most of working life) Retired Teacher	15b. KIND OF BUSINESS OR INDUSTRY Education
16a. RESIDENCE-STATE Mississippi	16b. COUNTY Jones	16c. CITY OR TOWN Laurel	16d. INSIDE CITY LIMITS (Specify Yes or No) Yes	16e. STREET AND NUMBER OR RJRAL LOCATION 1515 Parker Drive

PARENTS

17. FATHER—NAME First Ernest Edward Middle Conerly Last Lee	18. MOTHER—NAME First Stella Middle Wilmot Maiden Lee
---	---

INFORMANT

19a. INFORMANT—NAME (Type or print) Mrs Ann P. Jennings	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 3996 Lakewood Drive, Memphis Tenn 38128
---	---

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATORY—NAME Oak Hill Cemetery	20c. LOCATION (City and State) Laurel, Ms.	21a. EMBALMER—SIGNATURE AND NUMBER [Signature]
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Memory Chapel Funeral Home 34S		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P O Box 674, Laurel, Ms. 39440	

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) JOHN HASSELL, M.D.	22b. PRONOUNCED DEAD (Month, Day, Year) ON	22c. PRONOUNCED DEAD (Hour) m. AT
--	--	---

CERTIFIER

23a. CERTIFIER—NAME (Type or print) JOHN HASSELL, M.D.		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 103 SOUTH 12th AVENUE, LAUREL, MS. 39440	
Mississippi State Board of Health Form No. 511 Revised 6-1-82	24a. To the best of my knowledge, death occurred due to the causes stated. SIGNATURE [Signature] MD	24e. On the basis of examination and/or investigation, in my opinion death occurred due to the causes stated. SIGNATURE [Signature]	
	24b. DATE SIGNED (Month, Day, Year)	24c. STATE LICENSE NUMBER	24f. TITLE
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24g. DATE SIGNED (Month, Day, Year)
	This section to be completed by physician if NOT a coroner or medical examiner		

CAUSE OF DEATH

Conditions, if any, which gave rise to immediate cause stating the underlying cause last	25. PART I: DEATH CAUSED BY:	(a) Acute Respiratory Arrest	Interval between onset and death
	(b) Acute Myocardial Infarction - Thoracic Aneurysm	Interval between onset and death	
	(c) Chronic Cardiovascular Disease	Interval between onset and death	
	26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		
Use if death NOT due to natural causes	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY m.
	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)
29g. LOCATION		Street or route number	City or town State

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

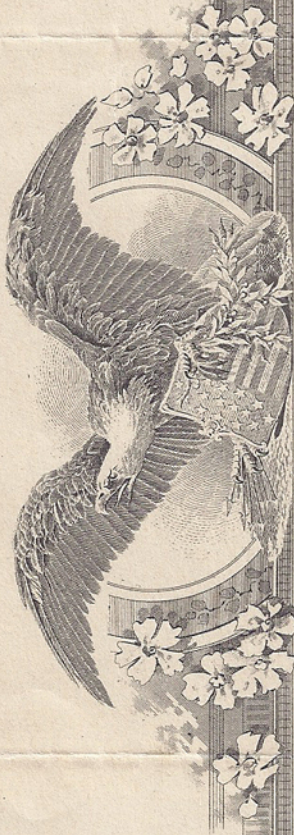
JUN 21 2010

Judy Moulder
STATE REGISTRAR

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CERTIFICATE OF MARRIAGE

State of Mississippi, Warren County

J. P. Dehan, Clerk of the Circuit Court of said County

*and custodian of the Marriage Records, do hereby certify that the said
Marriage Records show that on the 17th day of June 1931*

The Rites of Matrimony

were celebrated between

Mr. L. J. Sanders, Jr. and

Miss Emmette Jeanne Conerley

By J. W. Mayfield, Minister

Given under my hand and Seal of said County, this 22nd day of June 1931

J. Dehan, Clerk.

D.C.