

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.

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 ☒	
E. 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>			RECEIVED BY SIGNATURE <u>2563</u>
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	

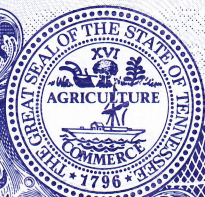
I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

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

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)

Boston, MA

4. 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)

Married

SURVIVING SPOUSE (If wife, give maiden name)

William Eugene Jennings

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

Student

KIND OF BUSINESS/INDUSTRY

Artist

RESIDENCE—STATE

NC

COUNTY

Wake

CITY, TOWN, OR LOCATION

CARY

STREET AND NUMBER

111 Devenbrook Lane

INSIDE CITY LIMITS? (Yes or No)

Yes

ZIP CODE

27511

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

No

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

White

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

16

FATHER'S NAME (First, Middle, Last)

Holman

DAY

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

Shirley Young

INFORMANT'S NAME (Type/Print)

William Jennings

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

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)

No

If yes, were findings considered in determining cause of death?

No

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

No

TIME OF DEATH

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

[Signature]

DATE SIGNED (Month, Day, Year)

9/16/00

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

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

METHOD OF DISPOSITION

☐ Burial ☒ Cremation ☐ Removal

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

L. Harold Poole Crematory

LOCATION — City or Town, State, Zip Code

Knightsdale N.C. 27545

NAME AND ADDRESS OF FUNERAL HOME

CARY FUNERAL HOME

CARY N.C. 27513

NAME OF FUNERAL DIRECTOR

Jerry W. Hall

LICENSE NUMBER

FSL 1541

REGISTRAR'S SIGNATURE

[Signature]

DATE FILED (Month, Day, Year)

9-21-2000

NAME OF EMBALMER

Jerry W. Hall

LICENSE NUMBER

FSL 1541

27.

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

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 A. Pales

DEPUTY REGISTER OF DEEDS

Swept Away



negril

July 21, 1995

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

Dear William and Donna,

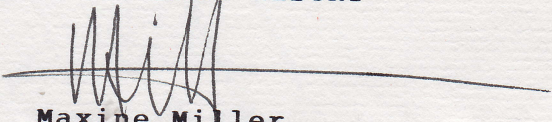
Enclosed are certified copies of your marriage certificates which we have just received from the Registrar General's Department in Kingston.

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

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

William E. Jennirop in the presence of Charles - Depi
Dean G. Whitshire St. Andrew
S74, 066, 95

No. 5

MARRIAGE (DUPLICATE) REGISTER

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

Married at St. Andrew's Church in the Parish of Westmoreland, by ~~law~~ before me Kevin Wilson
of Jamaica, by Minister's Licence

This Marriage was celebrated between us

William E. Jennirop in the presence of Charles - Depi
Dean G. Whitshire S74, 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 ☐ OTHER (Specify) ☐	
Signature <i>Vincent De Pietro</i>					
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) Aug 19 1968 (month) (day) (year)	Place of Birth ☒ (Check box and give place) Hoboken Hudson (city or township) (county)
ITEMS TO BE AMENDED	
Item Omitted or in Error <u>Middle Name</u>	As Item Now Appears <u>Yolanda</u>
	As Item Should Appear <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>1968 JAN 7 1968</u>	

SECTION 2

Signature of Affiant <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 1978
Examined by Registrar <u>12-1-68 as per original Dec 1 1968 - [unclear]</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.

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



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:	14B. DATE—Month, Day, Year
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		
	William E Jennings		Patricia Y Bock		
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"	
Brenda Davis				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 October 12 2002		Francisco D. Rios		R. Catholic
	AT San Jose, Santa Clara CALIFORNIA		25C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT)		25D. OFFICIAL TITLE
			Fr. Francisco D. Rios		Priest
	NOTE: THIS MARRIAGE MUST TAKE PLACE IN THE COUNTY IN WHICH THE LICENSE WAS ISSUED.		25E. MAILING ADDRESS (Include City and State)		25F. ZIP CODE
		38 Race St. San Jose, CA.		95126	
COUNTY CLERK	27A. SIGNATURE OF COUNTY CLERK		27B. SIGNATURE OF DEPUTY CLERK (If Applicable)		28. DATE ACCEPTED FOR REGISTRATION
	Brenda Davis		Deputy		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 day

By William John Berg Deputy

of 10/18/02, 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

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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 St. Louis 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

4. Twin or triplet
5. No. In order of birth

6. Premature
Full term Yes

7. Legitimate?
8. Date of birth 2-18-34
(Month, day, year)

FATHER

Full name Robert James Prather
10. Full P. O. Address 911 Parkside Place

MOTHER

18. 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) (State or country) Wobbs, Miss

22. Birthplace (city or county) (State or country) 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 34

25. Date (month and year) last engaged in this work 19 34

27. Number of children of this mother (at time of this birth and including this child) (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. I hereby certify that I attended the birth of this child who was Born Alive on the date 2-18-34 (Born alive or stillborn)

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 J. W. Bogert, Registrar. Address

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Judy Moulder
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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. CERTIFICATION—PHYSICIAN:					
34. DO NOT SIGN					
35. DO NOT SIGN					
36. DO NOT SIGN					
37. DO NOT SIGN					
38. DO NOT SIGN					
39. DO NOT SIGN					
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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	7a. COUNTY OF DEATH JONES
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)
	24e. On the basis of examination and/or investigation, in my opinion death occurred due to the causes stated.		

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

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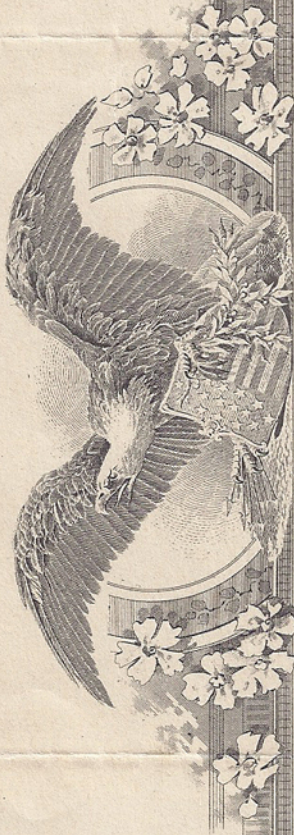
JUN 21 2010

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.

1910 United States Federal Census record for Robert J Prather

STATE <u>California</u>		COUNTY <u>San Diego</u>		TOWNSHIP OR OTHER DIVISION OF COUNTY <u>Part of Port of San Diego</u>		NAME OF INCORPORATED PLACE <u>San Diego</u>		ENUMERATED BY ME ON THE <u>14</u> DAY OF <u>Aug</u> 1910		SUPERVISOR'S DISTRICT NO. <u>234</u>		ENUMERATION DISTRICT NO. <u>234</u>		SHEET NO. <u>974</u>		WARD OF CITY <u>San Diego</u>		ENUMERATOR <u>Charles M. Hart</u>	
NAME		RELATION		PERSONAL DESCRIPTION		SATISFACTION		EDUCATION		OCCUPATION		EDUCATION		FIRST WIFE		MARRIAGE		MARRIAGE	
AGE		SEX		COLOR		PLACE OF BIRTH		PLACE OF BIRTH		PLACE OF BIRTH		PLACE OF BIRTH		PLACE OF BIRTH		PLACE OF BIRTH		PLACE OF BIRTH	
67	67	Robert J. Prather	Head	W	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
68	68	Anna S. Prather	Wife	F	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
69	69	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
70	70	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
71	71	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
72	72	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
73	73	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
74	74	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
75	75	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
76	76	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
77	77	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
78	78	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
79	79	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
80	80	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
81	81	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
82	82	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
83	83	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
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86	86	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
87	87	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
88	88	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
89	89	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
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95	95	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
96	96	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
97	97	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
98	98	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
99	99	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
100	100	Alfred J. Prather	Son	M	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18

Record Index

Name: B Robert J Prather
Age in 1910: 33
Birth Year: abt 1877
Birthplace: Mississippi
Home in 1910: Sumner, Tallahatchie,
Mississippi
Race: White
Gender: Male
Relation to Head of House: Self (Head)
Marital Status: Married
Spouse's Name: Lena Prather
Father's Birthplace: Kentucky
Mother's Birthplace: Mississippi



Source Information

Record URL: <http://search.ancestry.com/cgi-bin/sse.dll?h=14006052&db=1910USCenIndex&indiv=try>

Source Citation: Year: 1910; Census

Place: *Sumner, Tallahatchie, Mississippi*; Roll: *T624_760*; Page: *24A*; Enumeration District: *0081*; Image: ; FHL microfilm: *1374773*.

Source Information:



Ancestry.com. *1910 United States Federal Census* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2006.

Original data: Thirteenth Census of the United States, 1910 (NARA microfilm publication T624, 1,178 rolls). Records of the Bureau of the Census, Record Group 29. National Archives, Washington, D.C. For details on the contents of the film numbers, visit the following NARA web page: [NARA](http://www.nara.gov)

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

STATE OF TEXAS <u>220-022 220-02</u> CERTIFICATE OF DEATH <u>4123</u> STATE FILE NO. <u>87614</u>	
1. PLACE OF DEATH a. COUNTY <u>Tarrant</u>	
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Tarrant</u>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <u>Arlington</u>	c. LENGTH OF STAY in 1 b. <u>13 years</u>
c. CITY OR TOWN (If outside city limits, give precinct no.) <u>Arlington</u>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <u>Arlington Memorial Hospital</u>	
d. STREET ADDRESS (If rural, give location) <u>1112 Gibbins Road</u>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐	
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐	
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒	
3. NAME OF DECEASED (Type or print) (a) First <u>Lena</u> (b) Middle <u>Anderson</u> (c) Last <u>Prather</u>	
4. DATE OF DEATH <u>November 18, 1976</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. MARRIAGE STATUS Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	
8. DATE OF BIRTH <u>8-29-1881</u>	9. AGE (in years last birthday) <u>95</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>
11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>D.C. Anderson</u>	
14. MOTHER'S MAIDEN NAME <u>Barbara Cunningham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>Not Available</u>	
17. INFORMANT <u>Mrs Barbara Cunningham</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>Congestive Heart Failure</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
20. INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a. TIME OF INJURY Hour <u>11</u> Minute <u>45</u> Day <u>17</u> Year <u>76</u> 20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>Arlington, Texas</u> 20c. CITY, TOWN, OR LOCATION <u>Arlington, Texas</u> 20d. STATE <u>Texas</u>	
21. I hereby certify that I attended the deceased from <u>6-15-1970</u> to <u>11-18</u> 19 <u>76</u> and last saw the deceased alive on <u>11-17</u> 19 <u>76</u> . Death occurred at <u>2:45A</u> m. on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE <u>R. Kent Pherry</u> 22b. ADDRESS <u>Arlington, Texas</u> 22c. DATE SIGNED <u>11-25-1976</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>11-19-1976</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Land Cemetery</u>	
24. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh M. Moore & Sons Funeral Home</u> 25a. REGISTRAR'S FILE NO. <u>2796</u> 25b. DATE REC'D BY LOCAL REGISTRAR <u>NOVEMBER 29, 1976</u> 25c. REGISTRAR'S SIGNATURE <u>Bobbie Ray</u>	

TEXAS DEPARTMENT OF HEALTH SERVICES — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

TEXAS DEPARTMENT OF HEALTH SERVICES
REC'D DEC 9 1976
BUREAU OF VITAL STATISTICS



VS-112, REV. 1/58
00646127



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED SEP 09 2010

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

AME



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

1850 United States Federal Census record for James W Prather

State of Kentucky Ass't Marshal 317

SCHEDULE I.—Free Inhabitants in District No. 3 City of Louisville in the County of Jefferson State 623

of Kentucky enumerated by me, on the 16th day of August 1850. James W. Prather Ass't Marshal 317

13	1	2	3	DESCRIPTION.			7	8	9	10 11 12			13
				Age.	Sex.	Color, or race.				Males within the year.	Females within the year.	Whether deaf and dumb, blind, insane, idiotic, pauper, or convict.	
1	429	439	E. L. Warran	20	f				England				1
2	2		William	1	m				Kentucky				2
3	3		Elizabeth	1	f				"				3
4	430	430	J. B. Gannon	26	m		Driver		Ireland			1	4
5	431	431	Thomas Mayson	20	m		Tobacco		Ireland				5
6			John	20	f				"				6
7			Thomas	1	m				Kentucky				7
8			Mary Morgan	12	f				Ireland				8
9	432	432	William Lewis	25	m		Carpenter		Ireland			1	9
10			Mary	21	f				"				10
11			Kenneth	8	f				"				11
12	433	433	John (Cecil)	24	m		Black		"			1	12
13	434	434	J. H. (Charles)	24	m		Blacksmith		Belgium				13
14			Ann H.	25	f				Wales				14
15			Harison	4	m				Kentucky				15
16			Elizabeth H.	6	f				"			1	16
17			Edward	4	m				"				17
18			Robert	1	m				"				18
19			Robert W.	25	m				Belgium				19
20	435	435	B. H. Warran	35	m		Cordwainer	2000	Germany				20
21			William	31	f				"				21
22			Charles	1	m				Prussia			1	22
23			Kenneth	6	f				Kentucky			1	23
24	436	436	William W. Webb	22	m		Ship Super		Virginia				24
25			Mary	40	f				Maryland				25
26			Ellen	15	f				Kentucky			1	26
27			Wm. M.	10	m				"			1	27
28			Rebecca	16	m				"			1	28
29			Thomas A. Haley	29	m		Blacksmith	10000	Virginia				29
30			Elizabeth	20	f				"				30
31			et Jackson	20	m				"				31
32			Nathan White	60	m		Merchant		England				32
33			Mrs. White	26	f				"				33
34			Martha W. Cook	14	f				New York			1	34
35			Samuel Hillman	40	m		Merchant		Connecticut				35
36			Mrs. Hillman	35	f				Kentucky				36
37			Samuel Hillman Jr	2	m				"				37
38			James W. Prather	30	m		Merchant		Penn				38
39			Elizabeth	20	f				New York				39
40			Martha J.	13	f				Kentucky			1	40
41			Robert J.	12	m				Indiana			1	41
42			Charlotte R.	11	f				Kentucky			1	42

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Record Index

Name: James W Prather**Age:** 38**Birth Year:** abt 1812**Birthplace:** Pennsylvania**Home in 1850:** Louisville District 3, Jefferson, Kentucky**Gender:** Male**Family Number:** 435

Source Information

Record URL: <http://search.ancestry.com/cgi-bin/sse.dll?h=17251995&db=1850usfedcenancestry&indiv=try>**Source Information:**

Ancestry.com. *1850 United States Federal Census* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2009. Images

reproduced by FamilySearch.

Original data: Seventh Census of the United States, 1850; (National Archives Microfilm Publication M432, 1009 rolls); Records of the Bureau of the Census, Record Group 29; National Archives, Washington, D.C.



FIVE TYPICAL
SCOTCH IRISH FAMILIES
OF THE
CUMBERLAND VALLEY

By
MARY CRAIG SHOEMAKER

Source Information

Record URL: <http://search.ancestry.com/cgi-bin/sse.dll?h=44&db=Genealogy-qlh36348376&indiv=try>

Source Information: Ancestry.com. *Five typical Scotch Irish families of the Cumberland Valley* [database on-line]. Provo, UT: The Generations Network, Inc., 2005.
Original data: Shoemaker, Mary Craig,. *Five typical Scotch Irish families of the Cumberland Valley*. Albany, N.Y.: unknown, 1922.

- VI. 3 Watson Prather Gilbert, b. Feb. 9, 1861 at Fort Cobb,
Ind. Ter.
m. March 28, 1894, Elizabeth Coffin of Jacksonville,
Fla.
No issue.
- VI. 4 Isabel Cass Gilbert, b. June 19, 1862 at Louisville, Ky.
m. Dec. 22, 1882 at Fort Yates, Dakota, Capt. John C.
Gresham, U. S. Army.
Issue - 1. Catherine Gilbert, b. Oct. 17, 1883 at Fort
Yates, Dakota.
2. Isabel Cass, b. June 24, 1885 at Blacksburg, Va.
3. Louise Van Horne, b. Sept. 6, 1887 at Fort
Mead, Dakota.
4. Champion Gilbert, b. Nov. 21, 1894 at Fort
Riley, Kan., d. Jan. 1, 1896 at New Orleans.
- VI. 5 Robert Prather Gilbert, b. March 10, 1864 at Louisville,
Ky., d. Jan. 9, 1888.
- VI. 6 Elizabeth Cary, b. March 5, 1870 at Fort Bridges, Wyo.
d. March 16, 1875 at Camp Baker, Montana.
- V. 2 Charlotte Rosetta Prather, b. Nov. 16, 1839, d. June
27, 1870.
m. Nov. 5, 1857, William Griffith of Louisville, Ky.
Issue—1. Ida Prather, 2. Watson Prather.
- VI. 1 Ida Prather Griffith, b. July 19, 1858.
m. Nov. 14, 1888, David Meriweather of Louisville, Ky.
- VI. 2 Watson Prather Griffith, b. Oct. 24, 1859.
- V. 3 Robert James Prather, b. March 11, 1838, d. July 31,
1878 at Brandon, Miss.