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 FOR BUREAU OF VITAL  
 RECORDS AND HEALTH  
 STATISTICS

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Please use black ribbon in typewriter or black unfading ink. This is a permanent record.

TO OFFICIANT:  
 Complete and sign  
 certificates on both  
 copies.  
 Return both copies  
 within five days to  
 Clerk of Court  
 issuing license.

VS3-9/80  
 Section 32.1-267,  
 Code of Virginia

**COMMONWEALTH OF VIRGINIA**  
 DEPARTMENT OF HEALTH—BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

STATE FILE NO. **81-060995**

**MARRIAGE RETURN**

CITY OR COUNTY OF <b>Wise</b>	NAME OF COURT <b>Circuit</b>	CLERK'S NUMBER <b>1408</b>																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1. FULL NAME OF GROOM (first) <b>Lee</b> (middle) <b>Roy</b> (last) <b>Smith</b></td> <td style="width: 33%;">2. AGE <b>78</b> Years</td> <td style="width: 34%;">3. DATE OF BIRTH (Month, Day, Year) <b>Dec. 17 1903</b></td> <td style="width: 34%;">4. PLACE OF BIRTH (state or foreign country) <b>Ky.</b></td> </tr> <tr> <td>5. RACE <b>White</b></td> <td>6. NUMBER OF THIS MARRIAGE <b>4th</b></td> <td>7a. MARITAL STATUS (if previously married) WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/></td> <td>7b. DATE LAST MARRIAGE ENDED <b>Feb. 17, 1979</b></td> </tr> <tr> <td>8. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) <b>10</b></td> <td>9a. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER <b>Box 14</b></td> <td colspan="2">9b. CITY OR TOWN OF RESIDENCE <b>Huddy</b></td> </tr> <tr> <td colspan="2">9c. COUNTY (if independent city, leave blank) <b>Pike</b></td> <td colspan="2">9d. STATE (OR FOREIGN COUNTRY) <b>Ky.</b></td> </tr> <tr> <td colspan="2">10. NAME OF FATHER <b>Hayes Smith, Dec.</b></td> <td colspan="2">11. FULL MAIDEN NAME OF MOTHER <b>Lydia Hatfield, Dec.</b></td> </tr> </table>			1. FULL NAME OF GROOM (first) <b>Lee</b> (middle) <b>Roy</b> (last) <b>Smith</b>	2. AGE <b>78</b> Years	3. DATE OF BIRTH (Month, Day, Year) <b>Dec. 17 1903</b>	4. PLACE OF BIRTH (state or foreign country) <b>Ky.</b>	5. RACE <b>White</b>	6. NUMBER OF THIS MARRIAGE <b>4th</b>	7a. MARITAL STATUS (if previously married) WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	7b. DATE LAST MARRIAGE ENDED <b>Feb. 17, 1979</b>	8. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) <b>10</b>	9a. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER <b>Box 14</b>	9b. CITY OR TOWN OF RESIDENCE <b>Huddy</b>		9c. COUNTY (if independent city, leave blank) <b>Pike</b>		9d. STATE (OR FOREIGN COUNTRY) <b>Ky.</b>		10. NAME OF FATHER <b>Hayes Smith, Dec.</b>		11. FULL MAIDEN NAME OF MOTHER <b>Lydia Hatfield, Dec.</b>	
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<b>MARRIAGE LICENSE</b>																						
23. TO ANY PERSON LICENSED TO PERFORM MARRIAGES: You are hereby authorized to join the above-named persons in marriage under procedures outlined in the statutes of the Commonwealth of Virginia.																						
Date Issued <b>Dec. 28 1981</b> License Expires Sixty Days After Above Date		Date Received by Clerk of Court from Officiant <b>Dec. 29 1981</b>																				
Signature <b>Frances P. Craft</b> Clerk of Court or Deputy																						
<b>MARRIAGE CERTIFICATE</b>																						
24. DATE OF MARRIAGE (Month, Day, Year) <b>12-28-1981</b>	25. PLACE OF MARRIAGE (county or independent city) <b>Wise VIRGINIA</b>																					
26. TYPE OF CEREMONY CIVIL <input type="checkbox"/> RELIGIOUS <input checked="" type="checkbox"/>	IF RELIGIOUS CEREMONY, NAME OF DENOMINATION OR ORDER <b>Freewill Baptist</b>																					
27. I CERTIFY THAT I JOINED THE ABOVE-NAMED PERSONS IN MARRIAGE ON THE DATE AND AT THE PLACE SPECIFIED.																						
SIGNATURE OF OFFICIANT <b>Rev. Vestus Jesse</b>																						
BONDED IN <b>Wise</b> (city or county)	YEAR OF BOND <b>1958</b>	TITLE OF OFFICIANT <b>Ministry</b>	<b>24298</b>																			
ADDRESS OF OFFICIANT <b>P.O. Box 662 Wise Virginia</b> (street or route number) (city or town) (state)																						