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N.S. No. 232

Date Issued APR 11 1945, 19

Nowell J. Childers
and
Elizabeth A. Becquette

Marriage Certificate

OFFICE OF COUNTY CLERK
MULTNOMAH COUNTY, OREGON

FILED

APR 25 1945

AL L. BROWN, Clerk
M. KLEES, Deputy

THIS SHOULD BE FILLED IN BY APPLICANT

Full name. Elizabeth Arline Bequette
Residence: State Washington County Clark
City or town. Vancouver - Ruston - Ames
Color or race. Negro STREET ADDRESS 157 Hidden Ave
Age last birthday. ~~34~~ 33 Birth date Aug 26 1911
Previous marital status. Single
(Single, widowed, or divorced)
Number of this marriage. First
(1st, 2d, 3d, etc.)
Birthplace. Missouri
(State or country)
Usual occupation. Welder - Vancouver Shipyard
Industry or business. Shipyards
Birthplace of father. Missouri
(State or country)
Usual occupation of father. Deceased
Birthplace of mother. Missouri
(State or country)
Usual occupation of mother. Housewife

One witness who knows both parties MUST be present to obtain license.

at F. M. Hunt laboratory, No. 4, a laboratory approved
by the State Board of Health and received by me the 11th day of April, 1945

That I made a mental and physical examination;

That at the time of said examination I found said applicant to the best of my knowledge and
belief not afflicted with epilepsy, feeble-mindedness, insanity, drug addiction, chronic alcoholism, and
free from contagious or infectious venereal diseases.

[Signature]
Subscribed and sworn to before me this APR 11 1945 day of April, A. D. 1945

AL L. BROWN, County Clerk

Notary Public for Oregon

My commission expires

This affidavit must be sworn to before presenting same to the County Clerk and is void ten days
after it is issued.

THIS SHOULD BE FILLED IN BY APPLICANT

Full name..... Norvell James Childers
Residence: State..... Washington County..... Clark
City or town..... Vancouver
Color or race..... Negro STREET ADDRESS..... 158 Winter Dr. Bagley Downs
Age last birthday..... 34 Birth date..... Jan 16, 1911
Previous marital status..... Single (Single, widowed, or divorced)
Number of this marriage..... 1st (1st, 2d, 3d, etc.)
Birthplace..... Missouri (State or country)
Usual occupation..... Welder
Industry or business..... Shipyard
Birthplace of father..... Missouri (State or country)
Usual occupation of father..... Carpenter
Birthplace of mother..... Missouri (State or country)
Usual occupation of mother..... Housewife

One witness who knows both parties MUST be present to obtain license.

at F. M. Gurr. laboratory, No. 8-1, a laboratory approved
by the State Board of Health and received by me the 11th day of April, 1945.

That I made a mental and physical examination;

That at the time of said examination I found said applicant to the best of my knowledge and belief not afflicted with epilepsy, feeble-mindedness, insanity, drug addiction, chronic alcoholism, and free from contagious or infectious venereal diseases.

De Paul Zentgraf, M.D.

Subscribed and sworn to before me this APR 11 1945 day of APR 11 1945, A. D. 1945.

AL L. BROWN
AL L. BROWN, County Clerk

Notary Public for Oregon

My commission expires

This affidavit must be sworn to before presenting same to the County Clerk and is void ten days after it is issued.