

To the SECRETARY OF IOWA STATE BOARD OF HEALTH

Return of Marriages in the County of _____

Iowa Board of Health, Form (C) 12-20-24

19- 361

1. Name of Groom	2. Name of Bride	3. Full Name of Groom	4. Groom's age	5. Groom's color
A. C. Knowles.	Wm. T. Reinhold.	Wm. T. Reinhold.	38	white
6. Date of Marriage	7. Place of Marriage	8. Name of Bride	9. Bride's age	10. Bride's color
11-21.	Winthrop, Iowa.	Carrie Johnson.	1	white
11. Name of Bride's Father				
J. J.				

For the Fiscal Year Ending, June 30, 19__

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12. Full name of bride	13. Bride's age	14. Bride's place of birth	15. Groom's age	16. Groom's place of birth
Carrie Johnson	1	Winthrop, Iowa.	38	white
17. Name of bride's father	18. Name of groom's father	19. Name of bride's mother	20. Name of groom's mother	21. Name of bride's father
J. J.	Wm. T. Reinhold.	Carrie Johnson.	Wm. T. Reinhold.	Wm. T. Reinhold.
22. Name of bride's mother				
T. M. Salton, Min. 6-15-21.				

AFFIX SEAL HERE

Dated

July 21, 19__

I hereby Certify that the above return of Marriage

is a correct transcript from the Records in this office.

Harold P. Johnson, Clerk