FORM C.

CERTIFICATE OF MARRIAGE, BROOKLYN, 4669

I hereby Certify, that William H. Wade Jr – and Ellen M. Thompson were joined in Marriage by me, in accordance with the Laws of the State of New York, in the City of Brooklyn, this 18th day of ~~September~~ October 189 3

DEPARTMENT OF HEALTH BROOKLYN OCT 20 1893 REGISTER

Witnesses:

W. H. Wade

W Thompson

Attest George L. Warren Mayor

Official Station Bedford Hill Bapt. Ch

Residence 146 Hull St

All the following blanks are required to be filled.

OF THE GROOM:

Name William H. Wade Jr.

Residence Brooklyn

Age 24 *Color* C

*No. of Marriage** First

Occupation Carpenter

Place of Birth Yonkers N.Y.

Father's Name William H. Wade

Mother's Maiden Name Mary Emma Goodrich

OF THE BRIDE:

Name Ellen Mc. Thompson

Maiden Name if a Widow

Residence Brooklyn

Age 17 *Color* W

*No. of Marriage** First

Place of Birth England

Father's Name William Thompson

Mother's Maiden Name Eliza Keel

We, the Groom and Bride named in the above certificate, hereby certify that the information given is correct to the best of our knowledge and belief

Wm H. Wade Jr. *Groom.*

E Mc Thompson *Bride.*

*On this line state whether 1st, 2d, 3d, etc., Marriage.

[Reserve this margin for binding.]