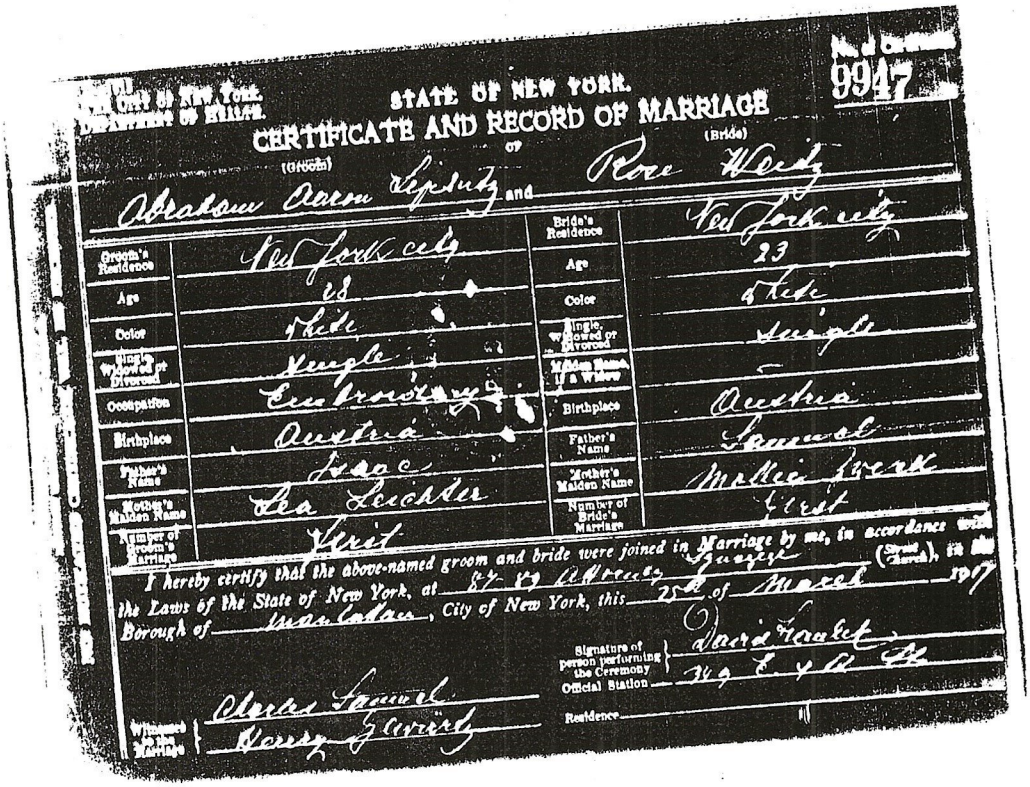

STATE OF NEW YORK.
DEPARTMENT OF HEALTH.
CERTIFICATE AND RECORD OF MARRIAGE

No. of Certificate 9947

(Groom) Abraham Aaron Lepsitz and (Bride) Rose Weitz

| Groom's Residence | New York city | Bride's Residence | New York city |
|---|---|---|---|
| Age | 28 | Age | 23 |
| Color | White | Color | White |
| Single, Widowed or Divorced | Single | Single, Widowed or Divorced; Maiden Name if a Widow | Single |
| Occupation | Engraver | Birthplace | Austria |
| Birthplace | Austria | Father's Name | Samuel |
| Father's Name | Isaac | Mother's Maiden Name | Mollie Greenberg |
| Mother's Maiden Name | Lea Leichter | Number of Bride's Marriage | First |
| Number of Groom's Marriage | First | | |

I hereby certify that the above-named groom and bride were joined in Marriage by me, in accordance with the Laws of the State of New York, at 87 E 4th Street (Street and Number), in the Borough of Manhattan, City of New York, this 25th day of March 1917

Signature of person performing the Ceremony: David Frankel
Official Station: 349 E 4th St
Residence:

Witnesses to Marriage: Charles Samuel, Harry Garrity

This is to certify that the foregoing is a true copy of a record in my custody.

BY William L. [illegible]
Borough Registrar

CARL L. ERHARDT
Director of Bureau

WARNING: DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE DEPARTMENT OF HEALTH IS AFFIXED THEREON. THE REPRODUCTION OF THIS TRANSCRIPT IS PROHIBITED.

NOTICE: In issuing this transcript of the Record, the Department of Health of the City of New York does not certify to the truth of the statements made thereon as no inquiry as to the facts has been provided by law.