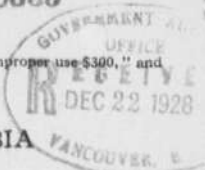


This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the Mail "FREE."



FORM 2.

PROVINCE OF BRITISH COLUMBIA

CERTIFICATE OF REGISTRATION OF MARRIAGE

REGISTERED Number 36-0-28
(For use of Registrar of Vital Statistics)

City, Town or District..... Municipality.....

BRIDEGROOM

1. Full name *Orp John*
 (Surname) (Given name)
 2. Occupation *Sawmill worker*
 3. Bachelor, Widower or Divorced *Bachelor*
 4. Age *24* 5. Religious Denomination
 6. Residence *794 20th Ave E.*
 (If in Canada, province, county and post office address. If foreign, state country)
 7. Place of birth *Ladysmith B.C.*
 (If born in Canada, province, county and post office address. If foreign-born—country)
 8. Name of father *Samuel Orp*
 9. Place of birth of father *Scotland*
 10. Maiden name of mother *Hannah Orp*
 11. Place of birth of mother *Scotland*
 12. Can bridegroom read? *Ys* Write? *Ys*

BRIDE

13. Full name *Buchanan Laura Elizabeth*
 (Surname) (Given name)
 14. Occupation *at home*
 15. Spinster, Widow or Divorced *Spinster*
 16. Age *19* 17. Religious Denomination
 18. Residence *Haney B.C.*
 (If in Canada, province, county and post office address. If foreign, state country)
 19. Place of birth *Barns Alberta*
 (If born in Canada, province, county and post office address. If foreign-born—country)
 20. Name of father *Charles Buchanan*
 21. Place of birth of father *Ontario*
 22. Maiden name of mother *Elizabeth Jane Clark*
 23. Place of birth of mother *Pennsylvania U.S.A.*
 24. Can bride read? *Ys* Write? *Ys*
 25. When married *15th* day of *December* 19 *28*
 (Month) (Year)
 26. Place of marriage *794 20th Ave E. Vancouver*
 (Name of church or clergyman's residence or location of dwelling house)
 27. By license or banns *4653 A1*
 (If by license, give number)

28. Signature of Groom *John Orp*
 Bride *Laura Elizabeth Buchanan*
 29. Witnesses
 Name *Stella Buchanan*
 Address *4653 A1*
 Name *Hannah Orp*
 Address *Haney B.C.*

I certify the above stated particulars are true to the best of my knowledge and belief.
 Clergyman *Richard A. Craig*
 Address *825-7th Ave E.*
 Religious Denomination *Presbyterian*
 Registered Number *1111* Filed at this office *22nd* day of *December* 19 *28*
J. Mahony
 District Registrar.

NOTE.—This form must not be mutilated. All information asked for is to be given, including full Christian and Surnames of all parties, and if for any reason this is impossible, the reason for the omission must be stated.

(SEE OTHER SIDE)