Consent to the Marriage of a Child or Ward

Mo. 3425 Series U Herbert J. Levin and margaret C. matuschak	COMMONWEALTH OF PENNSY ALLEGHENY COUNTY Sworn and subscribed before me this	Signature	and hereby consent to said marriage.	residing atyears of age.	residing atdo hereby certify that I am the	J,
	re me this		marri	's of a	n the	
APPLICATION FOR	INSY NTY this		age.	ge.		
MARRIAGE LICENSE	TVA			Γhat Itende	Father Surviving Guardian	
State Tax \$.50	AIN			I have	r ving I	
License 2.00	} ss:			That I have been intended marriage	Father Surviving Parent Guardian	
Filing Decree	. day of					
Consent Fee			to	resid who infor	resid do h	Į,
Petition and Order of Court		Sign	hereby consent to said marriage	residing at who is now informed of	residing atdo hereby certify that I am the	
Guardian Appointment Fee		Signature	conse		ertify	
Total Paid			nt to		that]	
Filed, Jan. 9 1941 C			said m	years of age.	that I am the $\left\{ ight.$	
Post, Docket No. 144			urriage	f age.	ĕ	-
Filed, 9. 19.41 Clerk of Orphans. Page No. 5.7/	j A				Father Surviving Guardian	
Physician's Statements	t. D.			I ha	er iving	
Filed 9 19.4.	D. 19			That I have been intended marriage	Father Surviving Parent Guardian	

Application for Marriage Cicense

STATEMENT OF MALE:
Full name and surname Therwest J. Lewer Color W
Relationship of parties making this application, if any, either by blood or marriage
Occupation Blurgarian Birthplace Satterson 7.
Residence Dona Ga - 587 - Me Xean Avenue
Date of Birth 23-1908 19 and now of the full
Age of Date of death or divorce
of former wife or wives Is applicant afflicted with any
transmissible disease? TO Name and surname of Father
Of Mother Bouline Maiden name of Mother Chlebrikour
Residence of Father Ocal Of Mother Train
Color of Father Of Mother Occupation of Father
Of Mother) d Birthplace of Father Russia
Of Mother
guardianship as a person of unsound mind, or under the influence of any intoxicating liquor or narcotic drug?
Has applicant, within five years, been an inmate of any county asylum or home for indigent persons?
Is applicant physically able to support a family?
STATEMENT OF FEMALE:
Full name and surname Transpurer C - matuschak Color u
Relationship of parties making this application, if any, whether by blood or marriage
Occupation Chanis Birthplace Comellaville So
Residence Bol Ba - 56 44 - Rippen Street
Date of Birth Quag 13 - 1916 19 and now of the full
Age of 2 years. Previous marriage or marriages. Date of death or divorce
of former husband or husbands
transmissible disease?
Of Mother Clave Maiden name of Mother Saksa
Of Mother
Walley of Bally Com a elleville Da of Mathew Angel
Residence of Father Connellsville Da Of Mother
Color of Father Of Mother Occupation of Father
Color of Father Of Mother Occupation of Father
Of MotherOccupation of FatherOccupation of FatherOf MotherOf MotherIs applicant an imbecile, epileptic, of unsound mind, or under
Color of Father Of Mother Occupation of Father
Of Mother Occupation of Father Structure Of Mother Is applicant an imbecile, epileptic, of unsound mind, or under the influence of any intoxicating liquor or narcotic drug? COMMONWEALTH OF PENNSYLVANIA, SS:
Of Mother
Of Mother
Of Mother
Of Mother
Color of Father
Color of Father
Of Mother

RETURN THIS DUPLICATE TO THE CLERK OF THE ORPHANS' COURT, . . . CITY-COUNTY BUILDING, PITTSBURGH, PENNSYLVANIA.

	I, MICHAEL A.	RUDMAN	hereby certify
	that on the CTH day	ofJANUARY	one thousand
	nine hundred and FORTY-ONE	at PITTSBURGH,	PA.
TE	HERSERT J. LEVIN	and MARGARET ().	• MATUSCHAK
DUPLICA	were by me united in marriage, in accordance wi County, Pennsylvania, Numbered 3425 SIGN HERE Address of person officiating BRINTON R	Sarlas II 1 1	Sulma Explisió de Justice of the Peace

IMPORTANT NOTICE: This duplicate must be returned within thirty (30) days. Fenalty Fifty (\$50) Dollars See Act of Assembly June 23, 1885, P. L. 146, Section 4.