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County of Philadelphia

I, El Amor Mapenzi Brawne Ali, hereby certify the foregoing to be a true and accurate copy of the Application for Marriage and Certificate Numbered 633 512 as the same appears of record in the office of the Clerk of the Orphans' Court Division of the Court of Common Pleas of Philadelphia County.

WITNESS my hand and seal of the said Court

this 12th day of January A.D., 2011

El Amor Mapenzi* Brawne Ali

Assistant Clerk of Orphans' Court Division

LICENSE
MAR 13 1934
RECORDED
No. 633512

AND
James D. Kinnon

AFFIDAVIT
OF
Agnes M. Cragin

Applicant for Marriage License

FEE\$
2.50

License.....

Consent of Parent or Guardian.....

Affidavit of Guardian.....
James M. Cragin

DUPLICATE FILED

No. 633512 APR 12 1934 hereby certify

I, Rev. William A. M. Ardle

that on the Seventh day of April one thousand nine hundred and 34,

at Philadelphia, James Kinnon and

Agnes Cragin were by me united in marriage, in

accordance with License issued by the Clerk of the Orphans' Court of Philadelphia County, Pennsylvania,

numbered 633512

Rev. William A. M. Ardle

each of us do solemnly swear are true and correct to the best of our knowledge, and belief, do hereby make application to the Clerk of the Orphans' Court of Philadelphia County, Pennsylvania, for a license to marry.

James P. Kinnon
Agnes M. Cragin
STATEMENT OF MALE

Full name and surname James P. Kinnon Color White
Relationship of parties making this application, if any none
Occupation Bartender Birthplace Scotland
Residence 6000 Frankford Ave Date of Birth April 5-1911
That he has never been married before, and ~~marriage was dissolved by~~

Is applicant afflicted with any transmissible disease No Name and Surname of Father James P. Kinnon
of Mother Elizabeth Kinnon
Maiden Name of Mother Barrick Residence of Father same
of Mother same Color of Father W of Mother W
Occupation of Father Janitor of Mother House Wife
Birthplace of Father Scotland of Mother Scotland
Is applicant an imbecile, epileptic, of unsound mind, or under guardianship as a person of unsound mind, or under the influence of any intoxicating liquor or narcotic drug No Has applicant within five years been an inmate of any county asylum or home for indigent persons No
Is applicant physically able to support a family Yes Signature of Applicant James P. Kinnon

STATEMENT OF FEMALE

Full Name and Surname Agnes M. Cragin Color White
Occupation waitress Birthplace Phila Pa
Residence 5701 Torresdale Ave Date of Birth Oct 14-1912
That she has never been married before, and ~~marriage was dissolved by~~

Is applicant afflicted with any transmissible disease No Name and Surname of Father John Cragin
of Mother Elizabeth Cragin
Maiden Name of Mother Brandt Residence of Father deceased
of Mother same Color of Father W of Mother W
Occupation of Father deceased of Mother House Keeper
Birthplace of Father Phila Pa of Mother Germany
Is applicant an imbecile, epileptic, of unsound mind, or under guardianship as a person of unsound mind, or under the influence of any intoxicating liquor or narcotic drug No

Signature of Applicant Agnes M. Cragin