No. 684411

DUPLICATE

I, Simon Swenson hereby certify that on the 14th day of November one thousand nine hundred and 37 at Philadelphia, Isaiah M. Paley Irene Strauss were by me united in marriage in accordance with License issued by the Clerk of the Orphans' Court of Philadelphia County, Pennsylvania, numbered 684411

FILED

DEC 20 1937

Simon Swenson, Rabbi

Minister of the Gospel, Justice of the Peace, or Magistrate.

This Duplicate Certificate to be returned to the Clerk of the Orphans' Court, Room No. 417 City Hall, within thirty days after the solemnizing of said marriage, under a penalty of Fifty Dollars.

ORPHANS' COURT PHILADELPHIA COUNTY

Commonwealth of Pennsylvania :

:ss

County of Philadelphia :

I, Samirah Bilal , hereby certify the foregoing to be true and accurate copy of the Application for Marriage and Certificate Number 684411 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 23 day of December A.D., 2022

Assistant Clerk of Orphans' Court Division

ORPHANS' COURT PHILADELPHIA COUNTY

Form No. 511

M.L. BOOK 155 PAGE 254

Commonwealth of Pennsylvania
County of Philadelphia } ss. **684411**

TO BE USED IN PHILA COUNTY ONLY

We, the undersigned, in accordance with the statements hereinafter contained, the facts set forth wherein we and 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.

Jacob M. Paley
Irene Strauss

STATEMENT OF MALE

Full name and surname Jacob M. Paley Color W

Relationship of parties making this application, if any none

Occupation Merchant Birthplace Russia

Residence 3915 Atlantic Ave. Atlantic City N.J. Date of Birth July 11- 1896

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 Israel

Of Mother Dina

Maiden Name of Mother Berkowitz Residence of Father dec'd

of Mother dec'd Color of Father W of Mother W

Occupation of Father dec'd of Mother dec'd

Birthplace of Father Russia of Mother none

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 Jacob M. Paley

STATEMENT OF FEMALE

Full name and surname Irene Strauss Color W

Occupation Dealer Birthplace Germany

Residence Atlantic City N.J. Date of Birth March 16- 1903

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 Salomon

Of Mother Meta

Maiden Name of Mother Ascher Residence of Father dec'd

of Mother Palestine Color of Father W of Mother W

Occupation of Father dec'd of Mother Housekeeper

Birthplace of Father Germany of Mother none

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 Irene Strauss

Sworn and subscribed to before me this 5 day of Nov A. D. 1927

Identified by U. S. Passport No. 167201

Paul Hacker
Assistant Clerk of Orphans' Court