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FORM 2.

PROVINCE OF BRITISH COLUMBIA

10556



CERTIFICATE OF REGISTRATION OF MARRIAGE

REGISTERED Number 210-M-30
(For use of Registrar of Vital Statistics)

City, Town or District Vancouver B.C. Municipality

BRIDEGROOM

1. Full name Edwin Henry Madden (Surname) (Given name)
2. Occupation Assistant of Insurance
3. Bachelor, Widower or Divorced Bachelor
4. Age 39 5. Religious Denomination Ch. of England
6. Residence 558-15 Ave. New Westminster, B.C. (If in Canada, province, county and post office address. If foreign, state country)
7. Place of birth England (If born in Canada, province, county and post office address. If foreign-born—country)
8. Name of father Edwin A. Madden
9. Place of birth of father Ireland
10. Maiden name of mother Elizabeth Rae
11. Place of birth of mother Scotland
12. Can bridegroom read? Yes Write? Yes

BRIDE

13. Full name Elizabeth Coult (Surname) (Given name)
14. Occupation Nurse
15. Spinster, Widow or Divorced Spinster
16. Age 37 17. Religious Denomination Catholic
18. Residence 242-89-8, Vancouver, B.C. (If in Canada, province, county and post office address. If foreign, state country)
19. Place of birth England (If born in Canada, province, county and post office address. If foreign-born—country)
20. Name of father Ed. Coult
21. Place of birth of father England
22. Maiden name of mother Emma Harp. Lee
23. Place of birth of mother England
24. Can bride read? Yes Write? Yes
25. When married Oct. - 16 - 1930 (Month) (Year)
26. Place of marriage St. Patrick's Church, Vancouver, B.C. (Name of church or clergyman's residence or location of dwelling house)
27. By license or banns 1893-B. (If by license, give number)
28. Signature of { Groom Edwin Henry Madden
Bride Elizabeth Coult
29. Witnesses { Name Alvin Edward Sauris
Address Assenall B.C.
Name Fay Wrennery
Address Assenall B.C.

I certify the above stated particulars are true to the best of my knowledge and belief.

Clergyman P. Forget (Signature)
Address 116-12 Ave. E.

Religious Denomination Catholic

Registered Number 1871 Filed at this office 18 day of October 1930

W.P. Grant
District Registrar.

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