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FORM 2.

PROVINCE OF BRITISH COLUMBIA

CERTIFICATE OF REGISTRATION OF MARRIAGE

REGISTERED Number 1. L. 27
(For use of Registrar of Vital Statistics)

City, Town or District _____ Municipality Saanich

BRIDEGROOM

1. Full name Stephen Herbert O'dell Levings (Surname) (Given name)
2. Occupation Motor Mechanic
3. Bachelor, Widower or Divorced Bachelor
4. Age 26 5. Religious Denomination Anglican
6. Residence 76. Gorge Road
(If in Canada, province, county and post office address. If foreign, state country)
7. Place of birth Gravesend, Kent, England
(If born in Canada, province, county and post office address. If foreign-born—country)
8. Name of father Stephen Herbert O'dell Levings
9. Place of birth of father Gravesend, Kent, England
10. Maiden name of mother Ada Mary Couchman
11. Place of birth of mother Cuxton, Kent, England
12. Can bridegroom read? Yes Write? Yes

BRIDE

13. Full name Muriel Irene Leach (Surname) (Given name)
14. Occupation Stenographer
15. Spinster, Widow or Divorced Spinster
16. Age 24 17. Religious Denomination Anglican
18. Residence Wascana St, Victoria
(If in Canada, province, county and post office address. If foreign, state country)
19. Place of birth Sutton-in-Ashfield, Notts, England
(If born in Canada, province, county and post office address. If foreign-born—country)
20. Name of father Samuel Leach
21. Place of birth of father Oldbury, W. Birmingham
22. Maiden name of mother Elizabeth Knight
23. Place of birth of mother Oldbury W. Birmingham
24. Can bride read? Yes Write? Yes

25. When married Tenth day of April 19 27
(Month) (Year)
26. Place of marriage S. Martin's-in-the-Fields, Obed Ave.
(Name of church or clergyman's residence or location of dwelling house)

27. By license or banns License
(If by license, give number)

28. Signature of { Groom Stephen Herbert O'dell Levings
Bride Muriel Irene Leach

29. Witnesses { Name Harold Frank Knight
Address 3250 Oakhill St Victoria B.C.
Name Stephen H. O. Levings
Address 70 Gorge Rd

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

Clergyman H. W. Gibbon Stocker (Signature)
Address 729. Lamson St Esquimalt B.C.
Religious Denomination Anglican - Independent

Registered Number _____ Filed at this office _____ day of _____ 19 _____
District Registrar.

SEE OTHER SIDE

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.

REGISTERED

APR 1 2 1927

REGISTRAR, B. D. & M
VICTORIA, B. C.