. н	USBAND'S NAME LESSE 7.	Beam					
	When Born	Where		_			(Husband's Full Name)
	Christened						(massain b 2 and name)
	When Died						(Wife's Maiden Name)
	When Buried	•					This information obtains a form
	When Married					Son	ns Opi-
	Other Wives (if any) Number (1) (2) etc.						
	His Father	His Mother's Mai	len Name				
·w	IFE'S MAIDEN NAME Janie Craf	t					
	When Born	Where					
	Christened						
	When Died	Where					
	When Buried	Where				Com	piler
	Other Husb. (if any) Number (I) (2) etc.						ess
	Her Father	Her Mother's Mai	den Name			City	
	Male or CHILDREN (Arrange in order of birth)	WHEN BORN Day Month Year	WHERE BORN Town or Place County	State or Country	WHEN DIED* Day Month		Married
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	Derbort Samuel				agent 1		TO Bessie Flance
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Family Group Sheet, Form F2 @The Everton Publishers, 256 North							То
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