

A. M. D. G.

### CERTIFICATE OF BAPTISM.

PARISH OF BALLYPOREEN, DIOCESE OF WATERFORD AND LISMORE.
Name of Child, I Thus & Rely ( aleas ( Lifters)
Date of Birth,
Date of Baptism, D. 13756
Names of Parents & Denie Jell
Names of Sponsors { Selection of Sponsors {
Name of Officiating Clergyman, J. M. J. Best & P. 10
I hereby Certify the above to be correct,
Ballyporeen, 19 19 5

Sear In freely Sudest Jun Baptisms Cityrate as requested - Should Junior in want other Copies he sent always to fire the date of the sin difficult to find the the and rejectors. Jun letters of the 3nd

Killes a at wheak ut down Euron I am Tot Muzau an 4 Thilde 1219 7 -Hy 3/ = ny with hit & and and the when their mond s'M a Gue M J. 1 May 1

# GENERAL AFFIDAVIT

	State of Massachusetts , County of, Suffolk SS.
	In the matter of the Claim for Pension , No 790810
	of John Griffin
	late of Co. "E," 6th Reg't Mass. 1nf/ Volunteers.
	On This 23th day of A. D. 1909, personally appeared before me, a
	Justice of the Peace in and for the aforesaid County, duly authorized to administer
	oaths, John Griffin aged 71 years, a resident of Boxborough
	in the County of Middlesex and State of Massachusetts whose post office
	address is R. F. D. Box #46, West Acton, Mass.
III.	well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to the
1110	aforesaid case as follows:
are	
2	Affiant should state how he gains a knowledge of the facts to which he testifies.
	1 am the claimant in the above cited case. When I made my
0	former declaration for pension under the Act of February 6, 1907, lalleged the date of my birth as March 3, 1839. Phis date
епа	I was not positive of but stated it as near as I could from my
0	knowledge. Since making this declaration for pension, I have received a certificate of my baptism from the parish Priest of
	the Farish where I was baptized, showing the date of my baptism as
2	April 15, 1838. The name stated in the baptism is Greeky, alias Griffin. The Sirname of my parents was Greeky. I came to this
close	country when I was about ten years of age and ever since that time
_	I have been known as John Griffin. This statement is made to ex- plain the discrepancy in the dates of my birth and the spelling of
written	my sirname.
rit	
pe	
100	
should	
Signature	A BIGGO
gus	A STATE OF THE STA
Affiant's	I further declare that I have no interest in said case and am not concerned in its prosecution.
lai	and alfie diffin
AT	John mosters John William
	If Affiant signs by mark, two witnesses who can write sign here.
w0	man

STANDARD CERTIFICATE OF DEATH

(City or Town)

OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS

Bolborough Moss Merch 4 2892 L'he undersigned John Goffin make he following steeten ent under oath While on duly at Block water Ravier in the Spring of 1868 & cumphs-co violent-cold cursing sheumation The Camp was in a ming Ditnettion Hanketo placed on rails were nace for west Rheumation settled in lest lerm Low after my discherg in 1863, a collect the attention of Dow hin of Harrard, how of Reading mass. Ing arm had become a running for Dr. Dro Coned give no relief, on Le Juneary 1865 I went to Le mass: General Mospital The Sore became healed Before I went to the Rospital he some had Eastern away he flesh to Le bone on he less fore arma, my an now is lame, cold humb and creenfo when grusping an object has unfitting The for the continued heing labor Fromble about my heart commenced to be noticeable sie or deven it grows worse for to last her years hus been very trombles ome often et fold funting 4 Le ground John of Juffer formore finnes in Company & 6 72 Regs Injunty Thas: Vo iddlesy 8.8 Breborough march 4t 1892 as me and made out hat 's Italiment made by him is true Tophum B College Justin of he Peace

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and

	the	name	of the	absentee.	must	be in	ndorsed	upon	each	certificate.	
STATE OF THE PARTY		av sament.									

Insert character and number of	augeniel Po	ension Claim No. 8/12 39
Name and rank	State above whether for original, increase, or restoration.].	, Rank, Prevate
of claimant.	Company E, 6 Reg't Mass tol Int.	7 1 1
Claimant's post- office address.	Mut action Mass	Post-office address of the Board.]  [Post-office address of the Board.]  [Date of examination.]
	We hereby certify that in compliance with	the requirements of the law we have carefully
<b>O</b>	examined this applicant, who states that he is s	uffering from the following disability, incurred
Cause of disa- bility.	in the service, viz: my my M deft Dr	m. partial loss of sight loss
	of eeth dissiners in head,	
If a pensioner, fill in the amount; if not, erase the whole line,		dollars-per mouth.
	He makes the following statement upon whi	Blockwater. by a pien of the my arm
Here give the claimant's statement	not ment out blief some, a s	
as briefly and as compactly as possible.	I went a moss beal Ampetal and a	emocial 6 months, holl a vering me
	V thy cout out the flish, it los	
	heal up. Its been was now	
	such lemes in the pet of eternoch.	
	Upon examination we find the following of	
	respiration, 20; temperature, 98; hei	
	is the best cent see to with	
Here give a full description of the disabili- ties, in accord-	once a wish or month. sight	luter my eye do not fall down
ance with pars. 5, 6, 51, 52, &c., of Book of In-	but sit down, hu no & henog	1
structions for 1889	assent new. my breath leaves a	
	Completion good muscles	
	Lover Effect and abdownen	mormal. Heart afex blat
		inhoutside seen across the won
	hund at open pulsation is	
	Comments of the second	eather of spine Thuis a scor on
		vering a surface about Einche by 4-
	it does not seem my tender	2.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	He words. Av 15 with lift Ege	at 12 feel. As 40 with Rips eye
	kelow- Except as noted about	all organs healthy out no
	niclence of deserve.	
	Harrison . Carlotte Carlotte Carlotte	
Rate for EACL		Ie is, in our opinion, entitled to a 8/8
cause of disability.	by infaced usen and 4/18	injury of Mil Process that caused
one	l 4/18 for love of leeth	O 1 1 7 7 101 that caused by
	Genry Jewest Pres A O Hitar	tooch soin & A Millan

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(3504-300,000.) - 6-552

age 74-1909

# DECLARATION FOR WIDOW'S PENSION.

Act of May 1, 1920.

State of Mas	saclus Stanty of	huddles	El	
	lay of		Mary 9	Reflin
	l, who makes the following declaration			the act of Congress
pproved May 1, 1920.			_	1.
That she is 82	years of age, that she was be	orn Dreeue	bu 24"	1922
galee	ay Island I	reland	and that he	r post-office address is
R.T.	D west het		eleesell	
That she is the widow	of John Gre	ffin		, who
NLISTED George	ABJUL 1862	Lowrel, In	assacleusel	under the name of
John 9	reffin, in	E" Comfany 6	The Regt Mi	as Tujan
( bolingto	llo	(Here Nate company and re	giment, if in the Army; or vesse	and was honorably
ISCHARGED Gue	122 30 , 1/863 h	aving served ninety days or	more, or was discharged f	or, or died in service
the United States of a d	isability incurred in the service in the			
IED afril	11th 1923 at 15	ox borouge	b. mass	
That he also served in	(Here give a complete statement of			
and the second s	(Here give a complete statement of	of all other multary, naval, or coast g	uard service, if any, at whatever	time rendered.)
nd that, except as herein	n stated, said soldier (or sailor) was	2007 employed in the	military or naval service	of the United States;
HAT SHE WAS MARRI	ED to said soldier (or sailor)	June 18"		1865, at
Trasluca	7. N. by	OREN, WD	onell	
nat she had 2007	been previously married, that he had	been previously	married;	
	vorced from the soldier (or sailor) and t			woods of one
that the following are	e the ONLY children OF THE SOLDI (If he left no children under s	sixteen years of age, the claimant sho	The state of the s	i years of age,
w	a moder /	6 yrang of	age	
	, born	0 ,0	At	
	, born	, 1,	at	
	, born	, 1,	at	
	, born	, 1,	at	
	, born			^
	heretofore applied for pension, th			; that said soldier (or
ailor) wasa	pensioner, the number of his pension	certificate being 740	810	
(1) X' h	Shewy		wi	11
(2) Lance of the contraction of	(Signature of first witness.)	an Ma	(Claimant's signature in ful	Sfin
in but will be	(Address of first witness.)		7 sales	
(2) Un	surice Sriffe	'n	(Claimant's address in full	.)
Les Les	(Signature of second witness.)			
	(Address of second witness.)	<b>)</b>	•	
Subscribed and swor	n to before me this d	ay of May	, 192 <b>3</b> and I h	ereby certify that the
contents of the above de	claration were fully made known and	explained to the applicant h	pefore swearing, including	the words
	erased, and the words	1	added; and the	nat I have no interest
anect of indirect, in the	prosecution of this claim.	(200 19	and for	bul
		7 2	(Strature.)	Nouv
[L. S.]	Declaration accepted under Act of Palain	holary	Public	
	as a Widow's elsim  Para Grant Mary	115 64	(Official character.)	11 12 -2 -
	as a widow accepted under Act of May 1, 1920	w no	(Post-office address of Officer.)	6-5211
	Par Colef, Law Div.	).		

# COMMONWEALTH OF MASSACHUSETTS. Middlesex, ss.

on this Secretteday of July 1923, before me, the undersigned, a NOTARY PUBLIC, within and for The Commonwealth of Massachusetts, personally came the undersigned, George B. Parker, of Acton and Charles T. Wetherbee, of Boxborough and both in the Commonwealth of Massachusetts, and both of whom are to me personall known and known to be credible witnesses, and having both been first duly sworn by me in accordance with law do upon their several oaths depose and say

respectively in said Commonwealth of Massachusetts; that they are <u>SS</u>
years and <u>63</u> years of age respectively; that their post office addresses are West Acton, Massachusetts and West Acton, Massachusetts. R. F. D. respectively.

SECOND that they are personally acquainted with Mary Griffin of Boxborough in said commonwealth who is a claimant for a widow's pension as the widow of John Griffin, late of said Boxbowough, deceased and that we have been acquainted with said Mary Griffin 55 years and 55 years respectively.

John Griffin, late deceased as aforesaid, who was a member of "E." Company 6th Massachusetts Infantry, Civil War, lived together as husband and wife for more than fifty years and until the date of the death of said John Griffin; that during the whole of this time they lived together in said Town of Boxborough; that said John and Mary Griffin were recognized by us and by a very large number of acquaintances to have been lawfully married; that they had a family of children, each by the other; that so far as our several knowledge goes and we are severally informendand believe that said

# The Commonwealth of Massachust to

DEPARTMENT OF PUBLIC WELFARE STATE INFIRMARY TEWKSBURY

DR. JOHN H. NICHOLS Superintendent

June 22, 1923.

To whom it may concern:

This is to certify that the records of the State Infirmary show that Mary Griffin, age 34 years, died January 31, 1866. Cause of death--Hip Disease.

Subscribed and sworn to before me

S. Oertificate on file to cover Justice of the eq. 1912 bey 18192 12 H. P. Willey, Chief. Law Division

John and Mary were never divorced; that to the best of our knowledge and belief said Mary Griffin was never married prior to her marriage to said John Griffin; that we are severally informed and believe that said John Griffin was formerly married to one Mary Flanagan, but that said Mary Flanagan (the first Mary Griffin) died many years ago in a State Institution at Tewksbury, Massachusetts; that neither of us have any interest in this claim by said Mary Griffin for a pension.

Charles J. Wethersee

Subscribed and sworn to before me, the undersigned, by the said George B. Parker and Charles T. Wetherbee, the day and year above written.

Allry Brooks Parker
Notary Public.

My commission expires February 15, 1928.

042

Office of Allen Brooks parker, West Acton, Massachusetts.

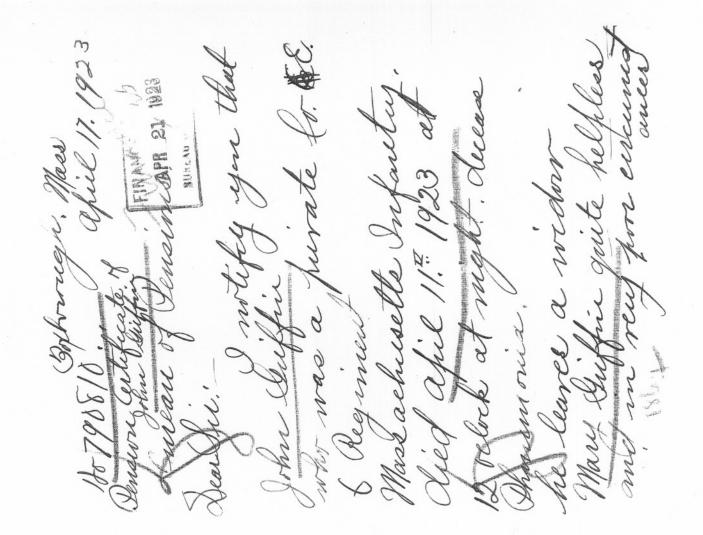
July 25th. 1923.

Department of the Interior Bureau of pensions

Dear Sirs :--In the matter of the claim of Mary widow of John Griffin of Co. "E" 6th Regt Mass Inf # 1204888.

The writer is acting as the attorney to assist this widow in obtaining the required evidence to prove her claim. This widow has handed me yours dated 17th inst in which you ask for additional evidence of the marriage of this widow to the pension. I am informed that the only evidence in addition to what has already been furnished you, viz that these tow lived together as husband and wife for more than fifty years, would be the affi davit of the claimant stating that she was married in Nashua N. H. the date of which she can only approximate, the church she can not recall nor the name of the priest. She does not know whether any certificate was ever issued or not. She now has none. Only one witness, so far as she know, is now living, Mra Callahan of Littleton, Massachusetts, a sister of the soldier, a person af very advanced age. I can probably obtain an affidavit from this person stating her knowledge of the marriage in lawful mann-The chaimant in this case is very aged and without a knowledge of reading and writing. She is personally known to the writer of this letter and has been for forty years and it is common knowledge to which schores of witnesses would testify that she and the soldier have lived together as husband and wife for many years and are believed to have been lawfully married. Will an affidavit from the widow and also from the sister be et this case. I await your reply.

Allen Brooks parker, Oleg Brooks Parker



Widow Division W.O. 1,204,888 Mary Griffin John Griffin E 6 Mass. Inf.

August 1, 1923.

Mrs. Mary Griffin, R.F.D., West acton, Massachusetts.

Madam:

The above sited claim awalts a verified copy of the public record of your marriage to the soldier. The same may possibly be obtained by writing to the City Clerk at Nashua, New Hampshire. If no such record exists, a statement to that effect should be furnished from that officer.

It is shown in papers on file in the claim that you were married to the soldier by the Hev. P. Odonald, pastor of the Catholic Church at Nashua, New Hampshire.

The above evidence was called for in communications addressed to you under dates of June 1 and July 7, 1923, to which no response has been received.

is she entitled to a purticular his fewer with mile with the sales to my me, and so the standard of the same of th



W.O. 1204888
Many und globin grift Datrick's Rectory
Co & bubble & Mashua, New Hampshire

Extract from the Reg. genaviages of
this church —

11 June 10 the 1866
John Briffin and heavy Mac Comiche
wito the charle her Sheny & ann Machine

hashua 4.74. jul 24-1923

The about is a true Tops of zero? The cleaner P.R.

DEC 16 1921

DEC 17 1924

DEC 17 1924

U. S. BUREAU OF PENSIONS

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## DECLARATION FOR PENSION.

Act of May 1, 1920.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

200	
- 11/1 1/4	X/ mar Tar
STATE OF Massachusetts County OF	(/ (/
On this day of Lie.	, A.D. 1920, personally appeared before me, a fullice
We Place, within and for the county and State afore	esaid John Greffin
	71 / 72.
who, being duly sworn according to law, declares that he is	
county of Middlesees, State of	Massa chusells ; and that he is the identical pers
who was ENROLLED at Lowell, Mr	ass under the name of John Griffin
25th	1862 as a Private
	, 180, 3, 3, 3
in Company 6 Sixth Reg.	giment in the Army, or vessels if ja the Navy
(Heressaterank, and company analyee	giment in the Army, or vessels it in the Navyy
V	U
6:1	War, and was HONORABLY DISCHARGI
in the service of the United States, in the Owl	of war, Civil or Mexican.) War, and was HONORABLY DISCHARGI
at Dowell Man, on the Will	d day of full , 1865 That he a
served	U
(Here give a com	plete statement of all other services, if any.)
That his personal description at enlistment was as follows:	Height, 5 feet 3 4 inches; complexion, Jan.
color of eyes, Thue ; color of hair,	Black ; that his occupation was Farmer
; that he was born ke Marc	Le- , 1838, at Time Country
Tyland	
That he requires the regular personal aid and attendance	of another person on account of the following disaplifities:
(States this mace	The nature of any and all risabilities.)
Dizir Juling he head !	sleeps poorly, these from
inflementies of age	
	4
matical de la	store Man all the time
That since leaving the service he has resided at	The state was and with
7	
and his occupation has been Januer	
	nal No. 790810 That he is a pensioner under Certific
No. 770 0 70 That he makes this declaration for the	ne purpose of being placed on the pension roll of the United States under
provisions of the act of May 1, 1920.	
0 . 0 1	1 1:0
8 1 8 7	Le his C. m.
8 1 8 7	John & Griffin
8 1 8 7	John X Griffin William Int's significe in full.)
8 1 8 7	John Kis Griffin  Milainent's signature in full.)
8 1 8 7	John X Griffin  Milainfint's signature in full.)  (Claimant's address in full.)
8 1 8 7	John X Guiffin Mclaimant's signification full.)  (Claimant's address in full.)
8 1 8 7	John Kis Griffin  Milaiment's significe in full.)  (Claimant's address in full.)
(1) Emily G. Juruw.  (Signature of first witness.)  Harward Mass.  (Address of first witness.)  (2) Agnee Griffine	John Kis Griffin  Milaimant's signature in full.)  (Claimant's address in full.)
(1) Emily Gurum, (Signature of first witness.)  Harnard Mars (Address of first witness.)  (2) Agmus Gurum (Signature of second witness.)  (Bignature of second witness.)	
(1) Emily Gurum, (Signature of first witness.)  Harnard Mars (Address of first witness.)  (2) Agmus Gurum (Signature of second witness.)  (Bignature of second witness.)	
(Signature of first witness.)  Address of first witness.)  (Signature of second witness.)  (Address of second witness.)  SUBSCRIBED and sworn to before me this	day of Duember, A. D. 1920, and I her
(address of first witness.)  (by Carrier (Signature of first witness.)  (Address of first witness.)  (Address of second witness.)  (Address of second witness.)  Subscribed and sworn to before me this for certify that the contents of the	day of Dicember, A. D. 1920, and I her
(Address of first witness.)  (Address of first witness.)  (Address of second witness.)  (Address of second witness.)  SUBSCRIBED and sworn to before me this from the certify that the contents of the certify that the certify that the certify that the certification is the certify that the certification is the certification of the certification is the certification in the certification in the certification is the certification in the certification in the certification is the certification in the certification in the certification is the certification in the certification in the certification is the certification in the certification in the certification is the certification in the certification in the certification is the certificatio	day of Duember, A. D. 1920, and I her
(Signature of first witness.)  (Address of second witness.)  (Address of second witness.)  SUBSCRIBED and sworn to before me this certify that the contents of the before swearing, including the	day of Dicember, A. D. 1920, and I her above declaration were fully made known and explained to the application words
(Address of first witness.)  (Signature of first witness.)  (Address of first witness.)  (Signature of second witness.)  (Address of second witness.)  SUBSCRIBED and sworn to before me this certify that the contents of the before swearing, including the erased, and the words	day of Dicember, A. D. 1920, and I here above declaration were fully made known and explained to the application words
(Address of first witness.)  (Signature of first witness.)  (Address of first witness.)  (Signature of second witness.)  (Address of second witness.)  SUBSCRIBED and sworn to before me this certify that the contents of the before swearing, including the erased, and the words	day of Duncton, A. D. 1920, and I here above declaration were fully made known and explained to the application words
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(Signature of first witness.)  Harvard  (Address of first witness.)  (Signature of second witness.)  (Address of second witness.)  SUBSCRIBED and sworn to before me this certify that the contents of the before swearing, including the erased, and the words and that I have no interest, diffied DR 23 1920.	day of
(Signature of first witness.)  Harvard  (Address of first witness.)  (Signature of second witness.)  (Address of second witness.)  SUBSCRIBED and sworn to before me this certify that the contents of the before swearing, including the erased, and the words and that I have no interest, diffied DR 23 1920.	day of Discussion, A. D. 1920, and I here above declaration were fully made known and explained to the application words  words  irect or indirect, in the prosecution of this claim.  Chilary Constitution of this claim.  (Signature)  (Signature)  (Official character.)  Constitution of this claim.
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(Signature of first witness.)  Harvard  (Address of first witness.)  (Signature of second witness.)  (Address of second witness.)  SUBSCRIBED and sworn to before me this certify that the contents of the before swearing, including the erased, and the words and that I have no interest, diffied DR 23 1920.	day of
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(Address of first witness.)  (Address of second witness.)  SUBSCRIBED and sworn to before me this certify that the contents of the before swearing, including the erased, and the words and that I have no interest, diffied DAC 23 1920.	day of

# DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS

Washington, D. C., January 2, 1915.

Sir: Please answer, at your earliest convenience, the questions enumerated below. The information s requested for future use, and it may be of great value to your widow or children. Use the inclosed invelope, which requires no stamp.

Very respectfully,

JOHN GRIFFIN

WEST ACTON MASS
790810 ACT MAY

RR1

In Saltgab.

Commissioner.

The name of organizations in which you served? No. 2. What was your post office at enlistment? No. 4. When, where, and by No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place death or divorce. If there was more than one previous marriage, let your answer include all former wives. No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any miltary or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Dat March 26th

3-402.

BOSTON,

aepartment ut i	me America,
Name, Mull Gruffin BUREAU OF P	ENSIONS,
Washington, D. C.,	Tanuary 15 , 1898.
SIR:	
In forwarding to the pension agent the executed ve	oucher for your next
quarterly payment please favor me by returning this	
replies to the questions enumerated below.	
Very respectfully,	
	1 2
	HOlay Evan S.
	Commissioner of Pensions.
Answer. Jes Mary Fruffin man Second. When, where, and by whom were you married? June!	
Third. What record of marriage exists? Zecords in Hi	cery of narhow MA
Answer.	
Fourth. Were you previously married? If so, please state the name date and place of her death or divorce.	/
Answer Tes Mary Florigon dies Mosth	20/865
Fifth. Have you any children living? If so, please state their names a	nd the dates of their birth.
Answer Mary & wiffing boom ang 25 /8	to 7 Jeny Frefin
am mo 1869 Erric Ro Suffind July of	1872
agnes & Triffin from Feh 23/877	
of one or	Inhlin
Date of reply, June 4 , 189 6 0-8	(Signature.) 5301b750ma1-98

# Declaration for Pension

Under the Act of February 6, 1907

The Pension Certificate should not be forwarded with the application.

INSTRUCTIONS. This form may be used for Original Pension or Increase of Pension. Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature and term of office must be certified by the

proper State, Co for general refe		s official seal, unless such cer	tificate has been filed in the Bi	ireau of Pensions
State of	Massachusetts	, County of	Suffolk	, 55;
On this.	28thday of		A. D. one thousand nine hund	dred and nine
personally appe	eared before me, a	tice of the Peace	within and fe	or the County and
State aforesaid	John Griffin	,	, who, being duly sworn	according to law,
declares that he	e isyears o	f age, and a resident of	Boxborough	
County of	Middlesex	, State of	Massachusetts	; and that he is
			as s	
	Iohn Griffin	on the 25th	day of August	, 1862
as aF	Private, in, in	Co. E., 6th Here state rank, and company and	Regiment in the Army, or vessels if in	VOLS. the Navy
			War, and was HONORABLY	
Lowel.	L, Mass.	on the ord	day of June	
That he also s	erved	Here give a complete state	ment of all other services If any	
of eyes,blu that he was bo	rnApr.11s several places of residence s	black ; that his occur, 18 38 , att.h		; oorsen,lrelan
That he	e isa pensioner. Th	at he hasheretofore	applied for pension	
			mber of the former application, if one we sension roll of the United Sta	
	act of February 6, 1907.			
His pos	t-office address is R.F.D.	Box 46, West Acto	County of Midd	lesex
State of	Massachusetts.	Claimant's signature	John S	riffin
Attest 1. And	Two witnesses who write, sign l	1 129 m	may	ST 2117 C



## CERTIFICATE OF BAPTISM.

PARISH OF BALLYPOREDN, DIOCESE OF WATERFORD AND LISMORE.	
Name of Child, I me Tleny allas Tuffers)	
Date of Birth,	
Date of Baptism, 10 MOUL 8 20	
Names of Parents Themas Treeting	
Names of Sponsors { Shared Theather	
Name of Officiating Clergyman, Je Jun D. Buster P-10	9
I hereby Certify the above to be correct, O. W. M. Well and	0
Ballyporeen, July 19 09	

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Jun Baptisms Citificate

Of requestion - Should

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June Litters of the 3rd