

Name of Parent (or Guardian): R. V. Mason Post Office: Lawton  
 Name of Township or Street: Section or Street No. 6173  
 Name of Tribe: (If Indian or Freedman, give name of tribe)

NAME OF CHILD	COLOR	SEX	DATE OF BIRTH			AGE	Deaf, Dumb, Blind, Feeble Minded and Crippled
			Month	Day	Year		
<u>Bible Mason</u>	<u>W</u>	<u>M</u>	<u>Jan</u>	<u>27</u>	<u>1919</u>		
<u>Lucas</u>	<u>W</u>	<u>M</u>	<u>Jan</u>	<u>27</u>	<u>1921</u>	<u>6</u>	

I hereby declare under oath that the above is a true and correct statement of the facts given; that I am a legal resident of the above School District and the names and ages of all persons of school age are correct as written above.

Subscribed and sworn to before me this the 12th day of Feb, 1922  
R. V. Mason Parent or Guardian  
John J. Shubert Enumerator

Name of Parent (or Guardian): J. L. Rind Post Office: Indian Mission  
 Name of Township or Street: Section or Street No. 47  
 Name of Tribe: (If Indian or Freedman, give name of tribe)

NAME OF CHILD	COLOR	SEX	DATE OF BIRTH			AGE	Deaf, Dumb, Blind, Feeble Minded and Crippled
			Month	Day	Year		
<u>Katherine Anne</u>	<u>W</u>	<u>F</u>	<u>Dec</u>	<u>5</u>	<u>1914</u>	<u>12</u>	
<u>Mary Elizabeth</u>	<u>W</u>	<u>F</u>	<u>Apr</u>	<u>10</u>	<u>1910</u>	<u>10</u>	
<u>Betty Jane</u>	<u>W</u>	<u>F</u>	<u>Apr</u>	<u>17</u>	<u>1917</u>	<u>7</u>	
<u>John L. Jr.</u>	<u>W</u>	<u>M</u>	<u>Aug</u>	<u>26</u>	<u>1921</u>	<u>3</u>	

I hereby declare under oath that the above is a true and correct statement of the facts given; that I am a legal resident of the above School District and the names and ages of all persons of school age are correct as written above.

Subscribed and sworn to before me this the 14th day of Feb, 1922  
J. L. Rind Parent or Guardian  
John J. Shubert Enumerator