

Name of Parent (or Guardian) *Read* Post Office: *Read*  
 Name of Township or Street: *L. Read* Section or Street No. *548*  
 Name of Tribe: (If Indian or Freedman, give name of tribe.)

NAME OF CHILD	COLOR	SEX	DATE OF BIRTH		AGE	Deaf, Dumb, Blind, People Minded and Crippled (Write White)
			Month	Day		
<i>Catherine Ann. Read</i>	<i>Read</i>	<i>F</i>			<i>14</i>	
<i>May</i>	<i>"</i>	<i>F</i>			<i>15</i>	
<i>Beth Jean</i>	<i>"</i>	<i>F</i>			<i>11</i>	
<i>John</i>	<i>"</i>	<i>M</i>			<i>8</i>	

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 *30* day of *June*, 193*2*.  
*James L. Read* Parent or Guardian  
*J. K. Brown* Enumerator

Name of Parent (or Guardian) *Sigourney Ambrose Post Office*  
 Name of Township or Street: *Read* Section or Street No. *538*  
 Name of Tribe: (If Indian or Freedman, give name of tribe.)

NAME OF CHILD	COLOR	SEX	DATE OF BIRTH		AGE	Deaf, Dumb, Blind, People Minded and Crippled (Write White)
			Month	Day		
<i>Jack McCaughy</i>	<i>White</i>	<i>M</i>			<i>19</i>	
<i>Bobby Adams</i>	<i>White</i>	<i>M</i>			<i>18</i>	
<i>Jack Adams</i>	<i>White</i>	<i>M</i>			<i>18</i>	
<i>Walter Smith</i>	<i>White</i>	<i>M</i>			<i>18</i>	
<i>Jack Adams</i>	<i>White</i>	<i>M</i>			<i>18</i>	
<i>Stanley Adams</i>	<i>White</i>	<i>M</i>			<i>18</i>	

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