

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

NAME OF CHILD	COLOR	SEX	DATE OF BIRTH			AGE	Deaf, Dumb, Blind, Feeble Minded and Crippled (Write Which)
			Month	Day	Year		
<u>Read, Katherine</u>	<u>W</u>	<u>F</u>	<u>Dec.</u>	<u>30</u>	<u>1916</u>	<u>16</u>	
<u>" , Mary Ellen</u>	<u>W</u>	<u>F</u>	<u>Sept</u>	<u>10</u>	<u>1916</u>	<u>14</u>	
<u>" , Betty Ann</u>	<u>W</u>	<u>F</u>	<u>Apr</u>	<u>16</u>	<u>1920</u>	<u>10</u>	
<u>" , John L. Jr.</u>	<u>W</u>	<u>M</u>	<u>Aug</u>	<u>26</u>	<u>1921</u>	<u>9</u>	
<u>" , Eleanor F.</u>	<u>W</u>	<u>F</u>	<u>July</u>	<u>24</u>	<u>1923</u>	<u>7</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 5 day of August, 1927.
Katherine Spalding Parent or Guardian.
Thomas Coffey Enumerator.