

Name of Parent (or Guardian): Raymond J. L. Post Office: Rayman, Md.
 Name of Township or Street: 5th St Section or Street No.: 20 Name of Township or Street: St. Paul
 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 (Write Which)
			Month	Day	Year		
<u>Reeds, Kathleen</u>	<u>W</u>	<u>F</u>	<u>Oct.</u>	<u>5</u>	<u>1914</u>	<u>19</u>	
<u>"</u>	<u>Mary Belle</u>	<u>F</u>	<u>Sept.</u>	<u>10</u>	<u>1916</u>	<u>17</u>	
<u>"</u>	<u>Betty Lou</u>	<u>F</u>	<u>April</u>	<u>16</u>	<u>1920</u>	<u>13</u>	
<u>"</u>	<u>John L.</u>	<u>M</u>	<u>Aug.</u>	<u>26</u>	<u>1921</u>	<u>12</u>	
<u>"</u>	<u>Elmer Francis</u>	<u>F</u>	<u>July</u>	<u>24</u>	<u>1923</u>	<u>10</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 22nd day of August, 1934.
Raymond J. L. Parent or Guardian
John L. ... Enumerator.

Name of Parent (or Guardian): Furtasowsky, Charles Post Office: Rayman, Md.
 Name of Township or Street: H. 7 Section or Street No.: 20 Name of Township or Street: St. Paul
 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 (Write Which)
			Month	Day	Year		
<u>Furtasowsky, Mildred</u>	<u>W</u>	<u>F</u>	<u>May</u>	<u>10</u>	<u>1914</u>	<u>19</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 22nd day of August, 1934.
Mrs. Charles Furtasowsky Parent or Guardian
John L. ... Enumerator.