



STATE OF MICHIGAN
HEAD TAX (STATE WELFARE DEPT.) RECEIPT

No 1610058

RECEIVED OF **1934**

Name Martha Glass

Date Feb 8 - 34

Street or R.F.D. No. _____

County of Stoneman

City or Township Stoneman

Post Office Address Stoneman Mich

Precinct or Ward _____

Naturalized _____

Residence At _____

When _____

Where _____

Time of Last Payment } Stoneman Mich

Sex _____

Race _____

THE SUM OF \$2.00

IN COMPLIANCE WITH SECTIONS 33, 34, 35 AND 36 OF ACT NO. 175 OF THE PUBLIC ACTS OF 1933

L. Ross

Leop Jones

AUTHORIZED AGENT

TITLE

PAYEE'S COPY