



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

Nº 1610057

RECEIVED OF **1934**

Name Chas Glass

Date Feb 8 - 34

Street or R.F.D. No. _____

County of Alcona

City or Township Alcona

Post Office Address Alcona Mich

Precinct or Ward _____

Naturalized _____

Residence At _____

When _____

Time of Last _____

Where _____

Payment Alcona 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. Glass
 AUTHORIZED AGENT

Temp Treas
 TITLE