

Receipt for Registered Article No. **600**
 Registered at the Post Office indicated in Postmark

Fee paid 15 cents Class postage 1
 Return Receipt fee 3 Spl. Del'y fee _____
 Delivery restricted to addressee: _____

in person _____, or order _____
 Accepting employee will place his initials in space indicating restricted delivery.

POSTMASTER, per ve (MAILING OFFICE)

The sender should write the name of the addressee on back hereof as an identification. Preserve and submit this receipt in case of inquiry or application for indemnity.
 Registry Fees and Indemnity.—Domestic registry fees range from 15 cents for indemnity not exceeding \$50 up to \$1 for indemnity not exceeding \$1,000. The fee on domestic registered matter without intrinsic value and for which indemnity is not paid is 15 cents. Consult postmaster as to the specific domestic registry fees and as to the registry fees chargeable on registered parcel-post packages for foreign countries. Fees on domestic registered C. O. D. mail range from 25 cents to \$1.20. Indemnity claims must be filed within one year (C. O. D. six months) from date of mailing.
 Form 3806 (Rev. 7-1-29) 05-6852 U. S. GOVERNMENT PRINTING OFFICE: 1929

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Receipt for Registered Article No. **601**
 Registered at the Post Office indicated in Postmark

Fee paid 15 cents Class postage _____
 Return Receipt fee 3 Spl. Del'y fee _____
 Delivery restricted to addressee: _____

in person _____, or order _____
 Accepting employee will place his initials in space indicating restricted delivery.

POSTMASTER, per ve (MAILING OFFICE)

The sender should write the name of the addressee on back hereof as an identification. Preserve and submit this receipt in case of inquiry or application for indemnity.
 Registry Fees and Indemnity.—Domestic registry fees range from 15 cents for indemnity not exceeding \$50 up to \$1 for indemnity not exceeding \$1,000. The fee on domestic registered matter without intrinsic value and for which indemnity is not paid is 15 cents. Consult postmaster as to the specific domestic registry fees and as to the registry fees chargeable on registered parcel-post packages for foreign countries. Fees on domestic registered C. O. D. mail range from 25 cents to \$1.20. Indemnity claims must be filed within one year (C. O. D. six months) from date of mailing.
 Form 3806 (Rev. 7-1-29) 05-6852 U. S. GOVERNMENT PRINTING OFFICE: 1929

Receipt for Registered Article No. **602**
 Registered at the Post Office indicated in Postmark

Fee paid 15 cents Class postage _____
 Return Receipt fee 3 Spl. Del'y fee _____
 Delivery restricted to addressee: _____

in person _____, or order _____
 Accepting employee will place his initials in space indicating restricted delivery.

POSTMASTER, per ve (MAILING OFFICE)

The sender should write the name of the addressee on back hereof as an identification. Preserve and submit this receipt in case of inquiry or application for indemnity.
 Registry Fees and Indemnity.—Domestic registry fees range from 15 cents for indemnity not exceeding \$50 up to \$1 for indemnity not exceeding \$1,000. The fee on domestic registered matter without intrinsic value and for which indemnity is not paid is 15 cents. Consult postmaster as to the specific domestic registry fees and as to the registry fees chargeable on registered parcel-post packages for foreign countries. Fees on domestic registered C. O. D. mail range from 25 cents to \$1.20. Indemnity claims must be filed within one year (C. O. D. six months) from date of mailing.
 Form 3806 (Rev. 7-1-29) 05-6852 U. S. GOVERNMENT PRINTING OFFICE: 1929

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Post Office Department
 OFFICIAL BUSINESS
 REGISTERED ARTICLE
 No. 601
 INSURED PARCEL
 No. _____

Return to J. Robert Switzer (NAME OF SENDER)
 Street and Number, or Post Office Box, Ch. Rockingham Co.
 Post Office at HARRISONBURG, VA.
 State _____

Rev. 3-24 05-6116

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Post Office Department
 OFFICIAL BUSINESS
 REGISTERED ARTICLE
 No. 602
 INSURED PARCEL
 No. _____

Return to J. Robert Switzer (NAME OF SENDER)
 Street and Number, or Post Office Box, Ch. Rockingham Co.
 Post Office at HARRISONBURG, VA.
 State _____

Rev. 3-24 05-6116

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Post Office Department
 OFFICIAL BUSINESS
 REGISTERED ARTICLE
 No. 600
 INSURED PARCEL
 No. _____

Return to J. Robert Switzer, Ch. Rockingham Co. (NAME OF SENDER)
 Street and Number, or Post Office Box, Rockingham Co.
 Post Office at HARRISONBURG, VA.
 State _____

Rev. 3-24 05-6116

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RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

(Signature or name of addressee)

E. K. Stokes

(Signature of addressee's agent)

Date of delivery _____, 19____

Form 3811

U. S. GOVERNMENT PRINTING OFFICE

c 5-6116

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

(Signature or name of addressee)

J. S. Alexander

(Signature of addressee's agent)

Date of delivery _____, 19____

Form 3811

U. S. GOVERNMENT PRINTING OFFICE

c 5-6116

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

(Signature or name of addressee)

John Williams

(Signature of addressee's agent)

Date of delivery _____, 19____

Form 3811

U. S. GOVERNMENT PRINTING OFFICE

c 5-6116

