

MAILED FROM THE OFFICE OF THE
CITY CLERK OF CAMBRIDGE
MASSACHUSETTS

IF NOT DELIVERED IN FIVE DAYS
TO BE RETURNED



*Keep enclosed papers in this
envelope.*

Sand T uking Ward 8 Plaggeant

NEWTOWNE
1630

CAMBRIDGE, MASSACHUSETTS

CITY SINCE
1846

A CITY OF OPPORTUNITIES

ORIGINAL SHIRE TOWN OF MIDDLESEX COUNTY

FINEST INDUSTRIAL OPENINGS

295533

(POSTMARK OF)

Receipt for Registered Article No. _____

Registered at the Post Office indicated in Postmark.

Fee paid 10 cents Class postage _____

Accepting employee will place his initials in spaces applicable below, to indicate indorsement, etc.

Delivery restricted } to addressee }	in person -----	Return receipt
	or order -----	demande
		Spl. Del'y

POSTMASTER, per _____ (MAILING OFFICE)

Complete record of registered mail is kept at the post office, but 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 letters and sealed parcels indemnified for \$50 or less, 10 cents; for over \$50 and not in excess of \$100, 20 cents; domestic second-class, not indemnified, 10 cents; domestic third-class, indemnified up to \$25, 10 cents; articles addressed to foreign countries, regardless of class or indemnity, 10 cents. Claims must be filed with postmasters within one year from date of mailing.

c 5—6852

Form 3806

295533

(POSTMARK OF)

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c 5—6852

Form 3806

(POSTMARK OF)

Receipt for Registered Article No. 295534

Registered at the Post Office indicated in Postmark.

Fee paid 10 cents Class postage 1

Accepting employee will place his initials in spaces applicable below, to indicate indorsement, etc.

Delivery restricted } in person _____ Return receipt demanded }
to addressee } or order _____ Spl. Del'y _____



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Form 3806

c5-6852

295535

Receipt for Registered Article No. _____

Registered at the Post Office indicated in Postmark.

Fee paid 10 cents Class postage 1

Accepting employee will place his initials in spaces applicable below, to indicate indorsement, etc.

Delivery restricted } in person _____ Return receipt demanded }
to addressee } or order _____ Spl. Del'y _____



POSTMASTER, per _____ (MAILING OFFICE)

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Form 3806

c5-6852

295536

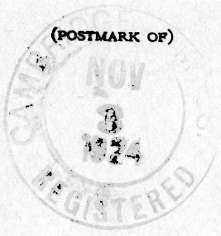
Receipt for Registered Article No. _____

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Form 3806

c5-6852

Post Office Department

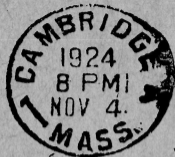
OFFICIAL BUSINESS

REGISTERED ARTICLE

No. 295532

INSURED PARCEL

No. _____



PENALTY FOR PRIVATE USE
TO AVOID PAYMENT OF
POSTAGE, \$500.

POSTMARK OF DELIVERING

OFFICE

39

AND DATE OF DELIVERY

Return to _____

(NAME OF SENDER)

Street and Number,
or Post Office Box, _____

Cambridge "A" **BOSTON,**

MASSACHUSETTS.

RETURN RECEIPT.

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

Herbert H. Dyer

(Signature or name of addressee.)

[Signature]

(Signature of addressee's agent.)

Date of delivery, *11/4*, 192*7*

RETURN RECEIPT.

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

Leatherick Shaughey

(Signature or name of addressee.)

(Signature of addressee's agent.)

May
-----, 192*4*

RETURN RECEIPT.

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

Mary E. Williams

(Signature or name of addressee.)

(Signature of addressee's agent.)

Date of delivery, *11-4-14*, 192*4*

Post Office Department

OFFICIAL BUSINESS

REGISTERED ARTICLE

No. 22553

INSURED PARCEL

No. _____



PENALTY FOR PRIVATE USE
TO AVOID PAYMENT OF
POSTAGE, \$300.

38

POSTMARK OF DELIVERING OFFICE
AND DATE OF DELIVERY

Return to City Hall
(NAME OF SENDER)

Street and Number,
or Post Office Box,
Cambridge, Mass.

BOSTON,

67749

MASSACHUSETTS.

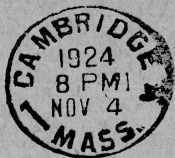
Post Office Department
OFFICIAL BUSINESS

REGISTERED ARTICLE

No. 295533

INSURED PARCEL

No. _____



PENALTY FOR PRIVATE USE
TO AVOID PAYMENT OF
POSTAGE, \$300

POSTMARK OF DELIVERING
OFFICE 39

AND DATE OF DELIVERY

Return to _____

(NAME OF SENDER)

*Street and Number,
or Post Office Box;* _____

BOSTON,

MASSACHUSETTS.

Cambridge "A" Mass

RETURN RECEIPT.

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

[Handwritten signature]

(Signature or name of addressee.)

(Signature of addressee's agent.)

Date of delivery, *11/4/24*, 192*4*

Post Office Department

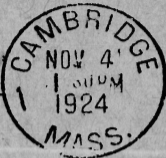
OFFICIAL BUSINESS

REGISTERED ARTICLE

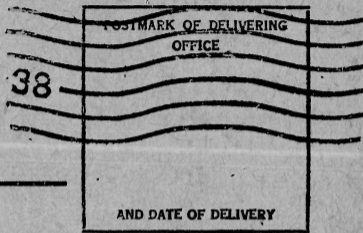
No. 29534

INSURED PARCEL

No. _____



PENALTY FOR PRIVATE USE
TO AVOID PAYMENT OF
POSTAGE, \$300.



Return to City Clerk
(NAME OF SENDER)

Street and Number,
or Post Office Box, City Hall

Cambridge, Mass.

BOSTON,

67747

MASSACHUSETTS.

RETURN RECEIPT.

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

~~X Mrs J H Stewart~~

(Signature or name of addressee.)

(Signature of addressee's agent.)

Date of delivery, ~~11-4-19~~-----, 192



City of Cambridge

In City Council

March 11, 1924.

ORDERED:

That the Board of Park Commissioners be and hereby is requested to establish a Recreation Centre in Roberts School Hall.

In City Council MAR 11 1924

Adopted by the affirmative vote

of 14 members.

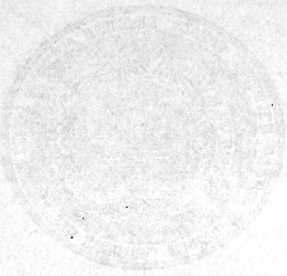
Fredrick H. Beake City Clerk.

Order ³
relative to establishing a
Recreation Centre in
Roberts School Hall

m = s
A

March 11, 1924

Mr Mahler



City of Cambridge

MARCH 11 1924

RECORDED

That the Board of Public Commissioners be and they be
authorized to establish a Recreation Centre in Roberts School Hall.