

World War I Draft Registration Card B—(5 July 1918)

Serial No. _____		Registration No. _____	
1	Name in full _____ <small>(Given name) (Family name)</small>	Age in Years _____	
2	Home Address _____ <small>(#) (street or R.F.D) (city or town) (state)</small>		
3	Date of birth _____ <small>(month) (day) (year)</small>		
4	Where were you born? _____ <small>(city or town) (state) (nation)</small>		
5	I am { 1. Native of the United States 2. Naturalized Citizen 3. Alien 4. Declared Intention 5. Noncitizen or citizen Indian <small>(strike out items or words not applicable)</small>		
6	If not a citizen, of what nation are you a citizen or subject? _____		
7	Father's birthplace _____ <small>(city or town) (state or province) (nation)</small>		
8	Name of employer _____ Place of employment _____ <small>(#) (street or R.F.D) (city or town) (state)</small>		
9	Name of nearest relative _____ Address of nearest relative _____ <small>(#) (street or R.F.D) (city or town) (state)</small>		
10	Race—White, Negro, Indian <small>(strike out items or words not applicable)</small>		
I affirm that I have verified above answers and that they are true.			
P.H.G.O Form 1 (blank)		_____ (Signature or Mark of Registrant)	
REGISTRATION CARD.			

REGISTRAR'S REPORT			
1	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Tall Medium Short <small>(Strike out words not applicable)</small></td> <td style="width: 40%; border: none; text-align: right;">Slender Medium Stout</td> </tr> </table>	Tall Medium Short <small>(Strike out words not applicable)</small>	Slender Medium Stout
Tall Medium Short <small>(Strike out words not applicable)</small>	Slender Medium Stout		
2	Color of eyes _____ Color of hair _____		
3	Has person lost foot, arm, leg, hand, eye, or is he palpably physically disqualified (specify)? _____		
I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows			
_____ (Signature of Registrar)			
_____ (Date of Registration)			
_____ (Stamp of Local Board)			
<small>(The stamp of the local board having jurisdiction of the area in which the registrant has his appointment shall be placed in this box)</small>			

If person is of African descent, cut off this corner.