World War I Draft Registration Card C—(12 September 1918)

REGISTRATION CARD

SERIAL NUMBER			ORDER NUMBER	

1

First name _____ Middle name _____ Family name _____

2 **PERMANENT HOME ADDRESS**

(No.) (Street or R.F.D. number) (City or town) (County) (State)

Age by Years
3 _____

Date of Birth
4 _____
(Month) (Day) (Year)

RACE

White	Negro	Oriental	Indian	
			Citizen	Non-Citizen
5	6	7	8	9

U.S. CITIZEN			ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization before Registrant's Majority	Declarant	Non-declarant
10	11	12	13	14

15
If not a citizen of the U.S., of what nation are you a citizen or subject? _____

PRESENT OCCUPATION	EMPLOYER'S NAME
16	17

18 **PLACE OF EMPLOYMENT OR BUSINESS**

(No.) (Street or R.F.D. number) (City or town) (County) (State)

NEAREST RELATIVE

Name 19

Address 20

(No.) (Street or R.F.D. number) (City or town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.

P.M.G.O. Form No. 1

_____
(Registrant's signature or mark)

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REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21	22	23	24	25	26	27	28

29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (SPECIFY.)

30 I certify that my answers are true, that the person registered has read or has had read to him his own answers, that I have witnessed his signature or mark and that all of his answers of which I have knowledge are true, except as follows:

_____
Signature of Registrar

Date of Registration _____

(The stamp of the local board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box)

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