

## REGISTRATION CARD

SERIAL NUMBER		ORDER NUMBER	1359		
1	Arch <small>(First name)</small>	Tingle <small>(Last name)</small>			
2 PERMANENT HOME ADDRESS:					
60 R.F. #2 Campbellburg, Henry, Ky. <small>(No.) (Street or R. F. D. No.) (City or town) (County) (State)</small>					
3		Age in Years			
45	February <small>(Month)</small>	27 <small>(Day)</small>	1873. <small>(Year)</small>		
RACE					
5	6	7	8	9	
White	Negro	Oriental	Indian Citizen	Non-citizen	
✓					
U. S. CITIZEN			ALIEN		
10	11	12	13	14	
Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant	
✓					
15 Is not a citizen of the U. S., of what nation are you a citizen or subject?					
16 PRESENT OCCUPATION		17 EMPLOYER'S NAME			
Farmer					
18 PLACE OF EMPLOYMENT OR BUSINESS:					
(No.) (Street or R. F. D. No.) (City or town) (County) (State)					
NEAREST RELATIVE	19	Betty Alice Tingle			
	20	R.F. #2 Campbellburg, Henry, Ky. <small>(No.) (Street or R. F. D. No.) (City or town) (County) (State)</small>			
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE					
P. M. G. O. Form No. 1 (Red)		Arch Tingle <small>(Signature)</small>			

## 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	Brownish Blk.

24 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify.)  
Left Eye out.

29 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 initials, and that all of his answers of which I have knowledge are true, except as follows:

W. S. Jones  
(Signature of Registrar)

Date of Registration Sept. 12, 1918

(STAMP OF LOCAL BOARD)

(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.)