

REGISTRATION CARD

| | | | |
|--|--|---|-------------------------------------|
| SERIAL NUMBER | ORDER NUMBER | 406 | |
| 1 <i>Charley</i> <small>(First name)</small> | <i>R</i> <small>(Middle name)</small> | <i>Tringle</i> <small>(Last name)</small> | |
| 2 PERMANENT HOME ADDRESS | | | |
| <i>13</i> <small>(No.)</small> | <i>Glenmore</i> <small>(Street or R. F. D. No.)</small> | <i>Henry</i> <small>(City or town)</small> | <i>Ky</i> <small>(State)</small> |
| 3 Age in Years <i>33</i> | 4 Date of Birth <i>Feb 23 1885</i> <small>(Month) (Day) (Year)</small> | 5 RACE | |
| <input checked="" type="checkbox"/> White | <input type="checkbox"/> Negro | <input type="checkbox"/> Oriental | <input type="checkbox"/> Indian |
| 6 U. S. CITIZEN | | 7 ALIEN | |
| <input checked="" type="checkbox"/> Native Born | <input type="checkbox"/> Naturalized | <input type="checkbox"/> Citizen by Father (Naturalization before 1906) | <input type="checkbox"/> Declarant |
| 10 <input checked="" type="checkbox"/> 11 | 12 | 13 | 14 |
| 15 If not a citizen of the U. S., of what nation are you a citizen or subject? | | | |
| 16 PRESENT OCCUPATION <i>Farmer</i> | | 17 EMPLOYER'S NAME <i>A S Crawley</i> | |
| 18 PLACE OF EMPLOYMENT OR BUSINESS | | | |
| <i>13</i> <small>(No.)</small> | <i>Glenmore</i> <small>(Street or R. F. D. No.)</small> | <i>Henry</i> <small>(City or town)</small> | <i>Ky</i> <small>(State)</small> |
| 19 NEAREST RELATIVE | | | |
| Name <i>Grace Tringle</i> | 20 Address <i>Glenmore Henry Ky</i> | | |
| I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE | | | |
| P. M. G. O. Form No. 1 (Red) | | <i>Charley R Tringle</i> <small>(Registrant's signature or mark)</small> | |

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

| | | | | | | | |
|------------------|--|-------|---------|--|-------|---------------|---------------|
| HEIGHT <i>70</i> | | | BUILD | | | COLOR OF EYES | COLOR OF HAIR |
| Tall | Medium | Short | Slender | Medium | Stout | 27 | 28 |
| 21 | 22 <input checked="" type="checkbox"/> | 23 | 24 | 25 <input checked="" type="checkbox"/> | 26 | <i>Blue</i> | <i>Light</i> |

29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified?
(Specify.) *Shrivelled limb*

30 I certify that my answers are true; that the person registered has read or 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:

David Chilton
(Signature of Registrar)

Date of Registration: *Sept 12-1918*
3-29 Henry "C"

Local Board for Henry Co
State of Kentucky,
New Castle, Ky.

(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.)