

REGISTRATION CARD

No. 11

1	Name in full <u>Florian Tingle</u> <small>(Given name) (Family name)</small>	Age, in yrs <u>26</u>
2	Home address <u>Marsaw Ky.</u> <small>(No.) (Street) (City) (State)</small>	
3	Date of birth <u>June 2 1891</u> <small>(Month) (Day) (Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Natural Born</u>	
5	Where were you born? <u>Owen Co Ky. U.S.A.</u> <small>(Town) (State) (Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Finisher</u>	
8	By whom employed? <u>Marsaw Furniture Mfg Co.</u>	
	Where employed? <u>Marsaw Ky.</u>	
9	Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? <u>wife & child</u>	
10	Married or single (which)? <u>Married</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____; branch _____ years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>Dependent wife & child</u>	

I affirm that I have verified above answers and that they are true.

Florian Tingle
(Signature or mark)

If person is of African descent, tear off this corner

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Tall</u> Slender, medium, or stout (which)? <u>Slender</u>
2	Color of eyes? <u>Gray</u> Color of hair? <u>Black</u> Bald? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>

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:

P. O. Weidner
(Signature of registrar)

Precinct 17City or County GallatinState Kentucky

June 5, 1917.
(Date of registration)