

REGISTRATION CARD

SERIAL NUMBER 1195	ORDER NUMBER 1196		
1 <i>James M. Tingle</i>			
2 PERMANENT HOME ADDRESS: <i>Campbellsburg, R.F.D. #2 Henry, Ky.</i>			
Age in Years 3 <i>43</i>	Month of Birth 4 <i>April</i>	Day of Birth 5 <i>15</i>	Year of Birth 6 <i>1875</i>
RACE			
White 5 <input checked="" type="checkbox"/>	Negro 6	Oriental 7	Indian Citizen 8 Non-citizen 9
U. S. CITIZEN		ALIEN	
Native Born 10 <input checked="" type="checkbox"/>	Naturalized 11	Citizen by Father's Naturalization Before Registrant's Majority 12	Non-declarant 14
15 If not a citizen of the U. S., of what nation or nations a citizen or subject?			
16 PRESENT OCCUPATION <i>Farmer</i>		17 EMPLOYER'S NAME	
18 PLACE OF EMPLOYMENT OR BUSINESS:			
19 NEAREST RELATIVE Name: <i>Fannie Tingle</i> Address: <i>Campbellsburg Henry Ky.</i>			
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE			
P. M. G. O. Form No. 1 (1918)		<i>James M. Tingle</i> (Registrant's signature or mark) (OVER)	

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

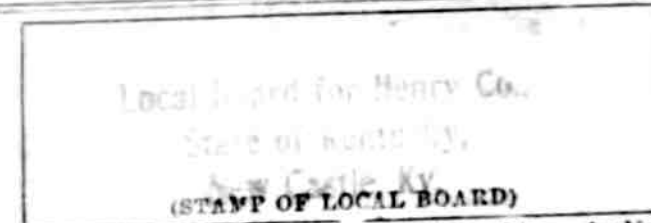
HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slim	Medium	Stout		
21	22 <input checked="" type="checkbox"/>	23	24	25 <input checked="" type="checkbox"/>	26	27 <i>Blue</i>	28 <i>Brown</i>

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:

Mason
(Signature of Registrar)

Date of Registration *Sept. 12-1918*
16-3-29 Henry "C"



(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.)