

REGISTRATION CARD

SERIAL NUMBER		ORDER NUMBER	773	
1 <i>James Thomas Tingle</i> <small>(First name) (Middle name) (Last name)</small>				
2 PERMANENT HOME ADDRESS: <i>46 R.F.D. #2 Campbellburg Henry Ky</i> <small>(No.) (Street or R. F. D. No.) (City or town) (County) (State)</small>				
3 Age in Years <i>43</i>		Date of Birth <i>May 8 1875</i> <small>(Month) (Day) (Year)</small>		
RACE				
5 <input checked="" type="checkbox"/> White	6 <input type="checkbox"/> Negro	7 <input type="checkbox"/> Oriental	Indian <small>Citizen Non-citizen</small>	
U. S. CITIZEN			ALIEN	
10 <input checked="" type="checkbox"/> Native Born	11 <input type="checkbox"/> Naturalized	12 <input type="checkbox"/> Citizen by Father's Naturalization Before Registrant's Majority	13 <input type="checkbox"/> Declarant	14 <input type="checkbox"/> Non-declarant
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		
18 PLACE OF EMPLOYMENT OR BUSINESS: <small>(No.) (Street or R. F. D. No.) (City or town) (County) (State)</small>				
NEAREST RELATIVE	19 Name	<i>Laura Tingle</i>		
	20 Address	<i>R.F.D. Campbellburg Henry Ky</i> <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)		<i>James Thomas Tingle</i> <small>(Registrant's signature or mark)</small>		(OVER)

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21 <input checked="" type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input checked="" type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>	<i>Grey</i>	<i>Blk</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:

W. S. Jones
(Signature of Registrar)

Date of Registration *Sept. 12 1915*

entry "C"

NEW YORK STATE BOARD OF REGISTRATION

NEW YORK

(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.)