

REGISTRATION CARD

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|--|--|---|--|
| SERIAL NUMBER 761 | | ORDER NUMBER 560 | |
| 1 <i>John Caborn Tingle</i> | | | |
| 2 PERMANENT HOME ADDRESS: <i>2 Summersville Ky Ky</i> | | | |
| 3 Age in Years 39 | | 4 Date of Birth <i>July 29 1879</i> | |
| RACE | | | |
| 5 <input checked="" type="checkbox"/> White | | 6 <input type="checkbox"/> Negro | |
| 7 <input type="checkbox"/> Oriental | | 8 <input type="checkbox"/> Indian | |
| 9 <input type="checkbox"/> U. S. CITIZEN | | 10 <input type="checkbox"/> ALIEN | |
| 11 <input checked="" type="checkbox"/> Native Born | | 12 <input type="checkbox"/> Naturalized | |
| 13 <input type="checkbox"/> Citizen by Father's Naturalization | | 14 <input type="checkbox"/> Declarant | |
| 15 <input type="checkbox"/> Native Born | | 16 <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: <i>Self</i> | |
| 18 PLACE OF EMPLOYMENT OR BUSINESS: <i>2 Summersville Ky Ky</i> | | | |
| 19 NEAREST RELATIVE: <i>Wife</i> Name: <i>Ellie Tingle</i> | | | |
| 20 Address: <i>2 Summersville Ky Ky</i> | | | |
| I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE | | | |
| P. M. G. O. <i>John Caborn Tingle</i> | | | |
| Form No. 1 (1917) (Regimental & Co. signature or mark) (OVER) | | | |

REGISTRAR'S REPORT

| DESCRIPTION OF REGISTRANT | | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---------------|---------------|
| HEIGHT | | | BUILD | | | COLOR OF EYES | COLOR OF HAIR |
| Tall | Medium | Short | Slender | Medium | Stout | 27 | 28 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>Blue</i> | <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:

Ken C. Hayden Asst
(Signature of Registrar)

Date of Registration *Sept 12 1918*

16-3-29 Henry "C"

Local Board for Henry Co.,
State of Kentucky,
New Castle, Ky.
(STAMP OF LOCAL BOARD)