

Form 1

REGISTRATION CARD

No. 56

1	Name in full (Given name) <u>Lee Roy Tingle</u> (Family name)	Age, in yrs. <u>26</u>
2	Home address (No.) <u>Port Royal</u> (City) <u>14</u> (State)	
3	Date of birth (Month) <u>March</u> (Day) <u>22</u> (Year) <u>1891</u>	
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? (Town) <u>Port Royal</u> (State) <u>Ky</u> (Nation) <u>USA</u>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Farming /</u>	
8	By whom employed? <u>Self</u> Where employed?	
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 & 1 child</u>	
10	Married or single (which)? <u>married</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank <u>none</u> ; branch _____ years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>no</u>	

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

Lee Roy 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>Medium</u> Slender, medium, or stout (which)? <u>Stout</u>
2	Color of eyes? <u>Brown</u> Color of hair? <u>Brown</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:

G. H. Owens
(Signature of registrar)

Precinct Port Royal
City or County New
State Kentucky

6-5-1917
(Date of registration)

10-3-20 Henry "A"