

REGISTRATION CARD

SERIAL NUMBER	<i>12</i>	ORDER NUMBER	<i>1285</i>	
1	<i>Leop</i>		<i>Single</i>	
2 PERMANENT HOME ADDRESS:				
<i>48</i>	<i>N. F. D.</i>	<i>2</i>	<i>Campbell</i>	<i>Highway No.</i>
3	Age in Years	4	Date of Birth	
<i>36</i>		<i>Sept</i>	<i>31</i>	<i>1881</i>
RACE				
5	White	6	Negro	7
<input checked="" type="checkbox"/>				
U. S. CITIZEN			ALIEN	
10	Native Born	11	Naturalized	12
<input checked="" type="checkbox"/>				
15 If not a citizen of the U. S., of what nation are you a citizen or subject?			17	
16 PRESENT OCCUPATION			EMPLOYER'S NAME	
<i>Farmer</i>				
18 PLACE OF EMPLOYMENT OR BUSINESS:				
19 NEAREST RELATIVE				
Name	<i>Orville & Cecile Single</i>			
Address	<i>N. F. D. 2 Campbell Highway No. 13</i>			
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE				
<i>Leop Single</i>				
<i>mark</i>				

P. M. G. O.
Form No. 1 (Red)

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT							
HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
21	22	23	24	25	26	27	28
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<i>Brown</i>	<i>Black</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:							
<i>W. Jones</i>							
Date of Registration <i>Sept. 12 - 1918</i>							
(STAMP OF LOCAL BOARD)							
(The stamp of a Local Board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box.)							

63-671 (OVER)