

REGISTRATION CARD

SERIAL NUMBER	944	ORDER NUMBER	1480
1 <u>Noble Leslie Tingle</u> <small>(First name) (Middle name) (Last name)</small>			
2 PERMANENT HOME ADDRESS: <u>1 Turners St Henry 14</u> <small>(No.) (Street or R. F. D. No.) (City or town) (County) (State)</small>			
Age in Years	Date of Birth		
3 <u>44</u>	4 <u>Dec 25 1873</u> <small>(Month) (Day) (Year)</small>		
RACE			
White	Negro	Oriental	Indian
			Citizen Noncitizen
5 <input checked="" type="checkbox"/>	6	7	8 9
U. S. CITIZEN		ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization Before Decedent's Majority	Declarant Non-declarant
10 <input checked="" type="checkbox"/>	11	12	13 14
15 If not a citizen of the U. S., of what nation are you a citizen or subject?			
PRESENT OCCUPATION		EMPLOYER'S NAME	
16 <u>Farming</u>		17 <u>Self</u>	
18 PLACE OF EMPLOYMENT OR BUSINESS: <u>Henry 14</u> <small>(No.) (Street or R. F. D. No.) (City or town) (County) (State)</small>			
NEAREST RELATIVE	Name	19 <u>Laura Tingle</u>	
	Address	20 <u>1 Turners St Henry 14</u> <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)		<u>Noble Leslie Tingle</u> <small>(Registrant's signature or mark) (OVER)</small>	

REGISTRAR'S REPORT

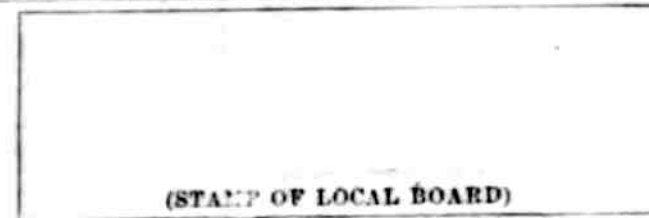
DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout	27	28
21 <input checked="" type="checkbox"/>	22	23	24	25	26 <input checked="" type="checkbox"/>	27 <u>Gray</u>	28 <u>Black</u>
29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify.) <p style="text-align: center;"><u>no</u></p>							

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:

J. H. Owens
(Signature of Registrar)

Date of Registration 9-12-18



(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.)