

REGISTRATION CARD

SERIAL NUMBER	1041	ORDER NUMBER	453
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1 **R (Initial) Elmer** **Tingle**
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS: **Turners Sta, Henry Ky**
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years **45** Date of Birth **Sept 21 1872**
(Month) (Day) (Year)

RACE

White	Negro	Oriental	Indian
			Citizen Non-citizen
5 X	6	7	8 9

U. S. CITIZEN			ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant
10 X	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 Cashier, Farmers Bank	17 Farmers Bank, of Turners

18 PLACE OF EMPLOYMENT OR BUSINESS: **Turners Sta, Henry Ky**
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE: **Margaret Tingle, (Wife)**
Turners Sta, Henry Ky
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE
P. M. G. O. *Elmer Tingle*
Form No. 1 (Red) 62-6171 (Registrant's signature or mark) (OVER)

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21 X	22	23	24 X	25	26	27 Brown	28 Blk

29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify.)
No

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:

Per: C. Hayden Ast
(Signature of Registrar)

Date of Registration **Sept-12-1918**

10-3-29

**Local Board for Henry Co.,
 State of Kentucky,
 New Castle, Ky.
 (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.)