

REGISTRATION CARD

240
 SERIAL NUMBER 57 ORDER NUMBER 361
 1 Solomon Tingle
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS:
Rt. 1 No 2 Pleasant Hill
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

3 Age in Years 44 4 Date of Birth Sept 19 1878
(Month) (Day) (Year)

RACE

White	Negro	Oriental	Indian	
			Citizen	Non-citizen
5 <input checked="" type="checkbox"/>	6	7	8	9

U. S. CITIZEN

Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant
10 <input checked="" type="checkbox"/>	11	12	13	14

ALIEN

15 If not a citizen of the U. S., of what nation are you a citizen or subject?

16 PRESENT OCCUPATION 17 EMPLOYER'S NAME

Blacksmith Self

18 PLACE OF EMPLOYMENT OR BUSINESS:
Rt. 1 No 2 Pleasant Hill
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE
 Name Bertie Tingle
 Address Rt. 1 No 2 Pleasant Hill
(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
Solomon Tingle (OVER)
(Registrant's signature or mark)
 P. M. G. O. Form No. 1 (Red) 62-6171

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21 <u>5-10</u>	22	23	24 <input checked="" type="checkbox"/>	25	26	27 <u>Blue</u>	28 <u>Brown</u>

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 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:

F. O. Stoker
(Signature of Registrar)

Date of Registration 9-12-1918

(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.)