| For            | REGISTRATION CARDS/70No./405                                                                                                           |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------|
| 1              | Name in full Clave Conflor Age, in yrs.                                                                                                |
| 2              | Home 507 W. 10 St. Laylor Zeros (No.) (Street) (City) (State)                                                                          |
| 3              | Date of birth October 17 /894  (Month) (Day) (Year)                                                                                    |
| 4              | Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)?  |
| 5              | Where were Jaylor Jusas Usa; you born? Toyl) (State) (Nation)                                                                          |
| 6              | If not a citizen, of what country are you a citizen or subject?                                                                        |
| 7              | What is your present trade, occupation, or office? Electric meteration                                                                 |
| 8              | By whom employed? Admore Tee Light & Power Ca. Where employed? Admore Olda.                                                            |
| 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)? |
| 10             | Married or single (which)? Single Race (specify which)? White                                                                          |
| 11             | What military service have you had? Rank Rt ; branch 100;                                                                              |
| 12             | Do you claim exemption from draft (specify grounds)?                                                                                   |
| \              | I affirm that I have verified above answers and that they are true.                                                                    |
| African Caroli | Clare Constors (Signature or Park)                                                                                                     |
| ories          | (Signature of mark)                                                                                                                    |

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|     | REGISTRAR'S REPORT 176-A                                                                                                                                                                                  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1   | Tall, medium. or short (specify which)? Mudium Slender, medium, or stout (which)? Mudium                                                                                                                  |
| 2   | Color of eyes? Brown color of hairs Wash to                                                                                                                                                               |
| 3   | Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)?                                                                                                                |
| ans | certify that my answers are true, that the person registered has read his own were, that I have witnessed his signature, and that all of his answers of which I have will be are true, except as follows: |
|     | 2) Skyw lo Clurh Cartine (Signature of registrar) Opla                                                                                                                                                    |
| Pre | cinct                                                                                                                                                                                                     |
| Cit | y or County                                                                                                                                                                                               |
| Sta | (Date of registration)                                                                                                                                                                                    |