



WWI Draft Registration Card C issued for September 12, 1918

(The WWI Draft Registration Reference Report can be used in conjunction with this data sheet.)

REGISTRATION CARD				
SERIAL NUMBER			ORDER NUMBER	
1	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> First Name Middle Name Family Name </div>			
2 PERMANENT HOME ADDRESS				
<div style="display: flex; justify-content: space-between; font-size: small;"> (No.) (Street or R.F.D. Number) (City or Town) (County) (State) </div>				
Age by Years 3	Date of Birth 4			
	<div style="display: flex; justify-content: space-between; font-size: small;"> (Month) (Day) (Year) </div>			
RACE				
White	Negro	Oriental	Indian	
			Citizen	Non-Citizen
5	6	7	8	9
U.S. CITIZEN			ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-Declarant
10	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			17	
18 PLACE OF EMPLOYMENT OR BUSINESS				
<div style="display: flex; justify-content: space-between; font-size: small;"> (No.) (Street or R.F.D. Number) (City or Town) (County) (State) </div>				
NEAREST RELATIVE	Name	19		
	Address	20		
		<div style="display: flex; justify-content: space-between; font-size: small;"> (No.) (Street or R.F.D. Number) (City or Town) (County) (State) </div>		
<p>I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.</p> <p>P.M.G.O. Form No.1</p> <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;"> (Registrant's signature or mark) </div>				



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REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

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

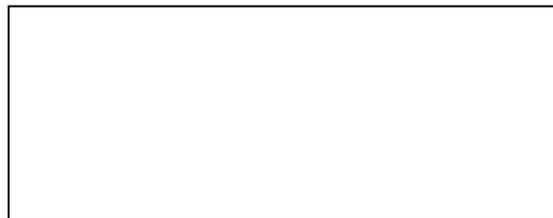
29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify)

30

I certify that my answers are true, that the person registered has read or ha 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:

Signature of Registrar

Date of Registration _____



(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.)