

3000

REGISTRATION CARD

SERIAL NUMBER **2477** ORDER NUMBER **A3241**

1 **Peter** **Chiomente**

2 PERMANENT HOME ADDRESS:
1968 Richmond Rd., Dongan Hills, S.D., N.Y.

Age in Years: **38** Date of Birth: **January 22, 1880**

RACE

White	Negro	Oriental	Indian	
			Citizen	Non-citizen

5 **yes** 6 7 8 9

U. S. CITIZEN ALIEN

Native born	Naturalized	Citizen by Treaty or International Law	Declarant	Non-declarant
10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 Yes

15 Had a citizen of the U. S., of what nation was a citizen or subject? **Italy**

PREVIOUS OCCUPATION EMPLOYER'S NAME

16 **Mason** 17 **Ernest Flagg**

18 PLACE OF EMPLOYMENT OR BUSINESS:
Dongan Hills, S.D., N.Y.

NEAREST RELATIVE
 Name: **19 Giovanna Chiomente**
 Address: **20 1968 Richmond Rd., Dongan Hills, S.D., N.Y.**

STATEMENT THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE
 P. M. C. O. **Atro Chiomente**
 FORM No. 1 (Rev. 1-17)

31-9-180 REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21 <input type="checkbox"/>	22 yes	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 yes	26 <input type="checkbox"/>	27 gray	28 Black

29 Is the person lost arm, leg, hand, eye, or is he obviously physically disqualified?
 (Specify.)
Deformed thumb on left hand.

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 initials, and that all of his answers of which I have knowledge are true, except as follows:

Henry H. Constantine
 (Signature of Registrar)

Date of Registration **Sept. 12, 1918**

LOCAL BOARD FOR DIV. No. 189
 Public School No. 8, Great Kills
 Staten Island N. Y.
 (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.)