World War I Draft Registration Card A—(5 June 1917)

Form 1 REGISTRATION CARD No									
1	Name in full .	(Give	n name)	(Family name)		Age in Years			
2	Home Address	(No.)	(street)	(city)		(state)			
3	Date of birth		(street)	(day)					
4	(month) (day) (year) 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 you born?	(town)		(state)	(natio	ın)			
6	If not a citizen, of what nation are you a citizen or subject?								
7	What is your present trade, occupation, or office?								
8	By whom employed?								
9	Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on your for support (specify which)?								
10	Married or single (which)? Race (specify which)?								
11	What military service have you had? Rank								
12	Do you claim o from draft (spe	exemption scify grounds)?							
I affirm that I have verified above answers and that they are true. (Signature or Mark)									
16 18 18 18 1									

REGISTRAR'S REPORT								
1	Tall, medium, or short (specify which)?	Slender, med	dium, or stout (which)?					
2	Color of eyes	Color of hai	ir Bald					
3	Has person lost arm, leg, hand, foot, eye, or both eyes or is he otherwise disabled (specify)?							
I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows								
		(Signatur	re of Registrar)					
Precinc	ı							
City or	County							
State _		-	(Date of Registration))				
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