

Form 1 **982** REGISTRATION CARD <sup>102</sup> No. **20**

1 Name in full **Ben H Schuster** Age in yrs **28**  
(Given name) (Family name)

2 Home address **Dickinson** **ND**  
(No.) (Street) (City) (State)

3 Date of birth **May 30th 1889**  
(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)? **Natural Born Citizen**

5 Where were you born? **Eureka Springs, Ark United States**  
(Town) (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? **Farming**

8 By whom employed? **G. R. Vestal**  
 Where employed? **Lehigh** **ND**

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)? **None**

10 Married or single (which)? **Single** Race (specify which)? **American**

11 What military service have you had? Rank **no**; branch \_\_\_\_\_  
 years \_\_\_\_\_; Nation or State \_\_\_\_\_

12 Do you claim exemption from draft (specify grounds)? **No**

I affirm that I have verified above answers and that they are true.

CA

**Ben H Schuster**  
(Signature or mark)

**REGISTRAR'S REPORT**

**A-33-1-45**

1 Tall, medium, or short (specify which)? **Tall** Slender, medium, or stout (which)? **Stout**

2 Color of eyes? **Blue** Color of hair? **Dark Brown** Bald? **no**

3 Has person lost arm, leg, hand, foot, 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:

**H. A. Desjardis**  
(Signature of registrar)

Precinct **5**  
 City or County **Lehigh Stock**  
 State **ND**

**June 5 1917**  
(Date of registration)

If person is of African descent, attach this stamp