

REGISTRATION CARD

SERIAL NUMBER **903** ORDER NUMBER **1277**

Frank Wallace Schuster

2 PERMANENT HOME ADDRESS:
2023 Smyth Ave. Ft Smith Ark
 (City or town) (County) (State)

Age in Years **43** Date of Birth **Sep 18 1895**
 (Month) (Day) (Year)

RACE

White	Negro	Oriental	Indian
5 ☒	6	7	8

U. S. CITIZEN

Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority
10 ☒	11	12

ALIEN

Declarant	Non-declarant
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 **Asst. Foreman** 17 **Frisco R R**
water service

18 PLACE OF EMPLOYMENT OR BUSINESS
Fort Smith Ark

19 **Kate Schuster**
 20 **2023 Smyth Ave. Ft Smith Ark**
 (City or town) (County) (State)

21 I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE
 M. G. O. **Frank Wallace Schuster**
 (Signature of registrant)

C3-2-24

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 Blue	28 Brown

29 Has person lost arm, leg, hand, eye, or is he obviously physically unqualified?
 (Specify.) **No**

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

Date of Registration **9-12-98**

Local Board for Div. No. 1, Sebastian Co.
 Fort Smith, Arkansas.

(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.)