

# REGISTRATION CARD

SERIAL NUMBER *1131* ORDER NUMBER *A2077*  
 1 *Myron J. Hutchison*  
 2 *R.D. #1 Mulliken Estate Mich*  
 Age in Years *37* Date of Birth *Oct 11th 1880*

## RACE

| White                               | Negro                    | Chinese                  | Japanese                 | Other                    |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## U. S. CITIZEN

| Native Born                         | Naturalized              | Given by Father's name (Citizen Before Registration) | Immigrant                | Non-Resident             |
|-------------------------------------|--------------------------|------------------------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                             | <input type="checkbox"/> | <input type="checkbox"/> |

3. I am a citizen of the U. S. of what state or territory or of what?

4. OCCUPATION *Farmer* 5. EMPLOYER'S NAME *Self*

6. PLACE OF EMPLOYMENT OR BUSINESS *Mulliken Estate Mich*

7. Name *Effie Hutchison*  
 8. *R.D. #1 Mulliken Estate Mich*

9. I declare that I have verified above answers and that they are true  
 P. M. C. G. *Myron J. Hutchison*  
 Fifth No. 1 (Rev. 2)

# REGISTRAR'S REPORT

C 21-7-5

## DESCRIPTION OF REGISTRANT

| HEIGHT                              |                          |                          | BUILD                    |                          |                                     | COLORED OF EYES | COLORED OF HAIR |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-----------------|-----------------|
| Tall                                | Medium                   | Short                    | Slender                  | Medium                   | Stout                               |                 |                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>Blue</i>     | <i>Brown</i>    |

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

11. 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 on same; and that all of his answers of which I have knowledge are true, except as follows:

*Paul H. Taber*  
 Date of Registration *Sept 12-1918*



(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.)