

REGISTRATION CARD

REGISTRAR'S REPORT

41-2-1C

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21	22 ✓	23	24	25 ✓	26	Brown	Black

29 Has person lost arm, leg, hand, eye, or is . . . obviously physically disqualified? (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:

Robert L. Cline
Sept. 8-1918

Date of Registration

Local Board for the
County of Washington, State of Tenn.
(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.)

(OVER)

SERIAL NUMBER

ORDER NUMBER

1943

1 *Pinney Louis French*

2 *R 3 Candice Benton Tenn.*

3 *19* 4 *Nov.* 5 *8* 6 *1898*

RACE

White Negro Oriental Indian

Citizen Non-citizen

U. S. CITIZEN

ALIEN

Native Born Naturalized Citizen by Election Naturalization Before Registrar's Majority Declarant Non-declarant

15 If not a citizen of the U. S., of what nation are you a citizen or subject?

PRESENT OCCUPATION

EMPLOYER'S NAME

16 *Laborer* 17 *M. Lucas*

18 *Place of Employment or Business: Candice Benton Tenn.*

19 *F. A. French*
20 *R 3 Candice Benton Tenn.*

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE
P. M. G. O.
Form No. 1 (Rev. 1-17)

(Signature of registrant or next of kin) (OVER)