

Form 1 **1662** **3019** **REGISTRATION CARD** No. **7** Age in yrs. **30**

1 Name in full (Given name) (Family name) **Charles Wesley Holmgren**

2 Home address (No.) (Street) (City) (State) **320 Garrison Ave. S. Dak. S.D.**

3 Date of birth (Month) (Day) (Year) **Aug 18 1886**

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? (Town) (State) (Nation) **Clarno S.D. U.S.A.**

6 If not a citizen, of what country are you a citizen or subject? **—**

7 What is your present trade, occupation, or business? **Teacher**

8 By whom employed? **W. George Courtney**

9 Where employed? (Town) (State) (Nation) **Harlowton Mont. No**

10 Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? **No**

11 Married or single (which)? **Single** Race (specify which)? **Caucasian**

12 What military service have you had? Rank (Specify) ; branch ; years ; Nation or State **No**

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

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

Charles Wesley Holmgren (Signature or Mark)

If person is of African descent, tear off this corner

12-3-12-A
REGISTRAR'S REPORT

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

2 Color of eyes? **Blue** Color of hair? **Light** Bald? **No**

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? **No**

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:

Precinct **19** Signature of registrant **Charles Wesley Holmgren**

City or County **Harlowton** State **Montana**

Date of registration **May 29-1917**

Det. Kalkb. Co., S.D.