

Form 1 **1220** REGISTRATION CARD No. **67** Age in yrs **26**

1 Name in full **Frank Hopland** (Print name) (Last) (First) (Middle)

2 Home address **Parapaul Ark** (Street) (City) (State) (Zip)

3 Date of birth **By not known** (Month) (Day) (Year)

Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? **#1 - 450**

5 Where were you born? **Victoria, B.C., Mex** (Country) (State) (County)

6 If not a citizen, of what country are you a subject? **None**

7 What is your present trade, occupation, or office? **None**

8 By whom employed? **None**

9 Have you a father, mother, wife, child under 12, or a step or brother under 12, solely dependent on you for support (specify which)? **None**

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

11 What military service have you had? Rank **None** Branch **None**

12 Do you claim exemption from draft (specify grounds)? **None**

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

1223 Frank Hopland **1208** (Signature of maker)

If person is of Mexican descent, see all this notice

83 8-1-21

REGISTRAR'S REPORT

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

2 Color of eyes? **Blue** Color of hair? **Dark** Bald?

3 Has person leg, 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:

W. Hopland (Signature of registrar)

Precinct **10** City or County **Garret** State **Ark**

8-5-17 (Date of registration)

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