

REGISTRATION CARD

3530

SERIAL NUMBER 15451 ORDER NUMBER A 3684
1 William Harv Harv
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS:
P.O. Kennett Duncan Mo
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years 36 Date of Birth 7 4 1882
(Month) (Day) (Year)

RACE

White Negro Oriental Indian
5 yes 6 7 8 Citizen Noncitizen

U. S. CITIZEN

ALIEN

Native Born Naturalized Citizen by Father's Naturalization Before Registered's Majority Declared Non-declarant
12 yes 11 12 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 Carpenter 17 Westinghouse Churn Co.
18 PLACE OF EMPLOYMENT (2) BUSINESS: U.S.A. 2

(No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE Name 19 Mose Harv wife
Address: 20 Kennett - Duncan Mo.
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE

P. M. G. O.

Form No. 1 (Red)

(Signature)

(OVER)

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

| HEIGHT | | | BUILD | | | COLOR OF EYES | COLOR OF HAIR |
|--------|--------|-------|---------|--------|--------|---------------|---------------|
| Tall | Medium | Short | Slender | Medium | Stocky | | |
| 21 X | 22 | 23 | 24 X | 25 | 26 | 27 Gray | 28 Black |

29 Has person lost arm, leg, hand, eye or is he 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:

Hugo Lenz Sgt 10054
(Signature of Registrar)

Date of Registration

LOCAL BOARD
FOR THE COUNTY OF DUNKLIN,
KENNETT, MISSOURI

(The stamp of the Local Board having jurisdiction in the area in which the registrant has his permanent home shall be placed in this box.)

(OVER)