## WWI Draft Registration

Card B issued for July 5, 1918

The WWI Draft Registration Reference Report can be used in conjunction with this data sheet.

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Registration No.</th>
<th>Age in Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 1. Name in Full

(Given Name) (Family Name)

### 2. Home Address

(#) (Street of R.F.D.) (City or Town) (State)

### 3. Date of Birth

(Month) (Day) (Year)

### 4. Where were you born?

(Town) (State) (Nation)

### 5. I am

- 1. Native of the United States
- 2. Naturalized Citizen
- 3. Alien
- 4. Declared Intention
- 5. Non-citizen or Citizen Indian

(Strike out items or words not applicable)

### 6. If not a citizen, of what nation are you a citizen or subject?

### 7. Father’s Birthplace

(City or Town) (State or Province) (Nation)

### 8. Name of Employer

### 9. Place of Employment

(#) (Street or R.F.D.) (City or Town) (State)

### 10. Name of Nearest Relative

### 11. Address of Nearest Relative

(#) (Street or R.F.D.) (City or Town) (State)

### 12. Race

→ White, Negro, Indian

(Strike out items or words not applicable)

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

(Signature or Mark of Registrant)

**REGISTRATION CARD**
### REGISTRAR’S REPORT

<table>
<thead>
<tr>
<th></th>
<th>Tall</th>
<th>Slender</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Short</td>
<td>Stout</td>
</tr>
<tr>
<td></td>
<td>(Strike out words not applicable.)</td>
<td></td>
</tr>
</tbody>
</table>

**Color of eyes:** ______________________  **Color of hair:** ______________________

Has person lost foot, arm, leg, hand, eye, or is he Palpably physically disqualified (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

____________________________________

(Signature of Registrar)

____________________________________

(Date of Registration)

The stamp of the local board having jurisdiction of the area in which the registrant has his appointment shall be placed in this box.

(Stamp of Local Board)