

Form 1 *2069* REGISTRATION CARD *2326* No. *24*

1 Name in full: *Lestel Lual Lewis* (Print name) (Family name) *21* (Age in yrs)

2 Home address: *Picher* (Town) *Okl* (State)

3 Date of birth: *March 29 1916* (Month) (Day) (Year)

4 Are you (1) a native-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? *Natural Citizens.*

5 Where were you born? *Canada* (Town) *Mo* (State) *U.S.A.* (Nation)

6 I am a citizen of what country are you a citizen or subject?

7 What is your present trade, occupation, or office? *Mining*

8 By whom employed? *Buffalo Mining Co.*
Where employed? *Picher.*

9 Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? *wife*

10 Married or single (which)? *Married* Race (specify which)? *Married*

11 What military service have you had? Rank _____; branch _____; years _____; Nation or State _____

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

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

(Signature or mark)

If property or alien status of registrant

REGISTRAR'S REPORT *35-1-18-A*

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

2 Color of eyes? *Brown* Color of hair? *Brown* Bald?

3 Has person lost arm, leg, hand, foot, or both eye, or is he otherwise disabled (specify)? *Injured Back*

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) *J. P. Coice*

Precinct *17*

City or County *Ottawa*

State *Okl.* *June 5-1917* (Date of registration)