

REGISTRATION CARD

SERIAL NUMBER 1070 ORDER NUMBER A1247

1 Ora Austin Lewis
(Print name)

2 PERMANENT HOME Carroll Texas 7700
(City or town) (County) (State)

Age in Years 20 Date of Birth Aug 20 1898
(Month) (Day) (Year)

RACE

White	Negro	Oriental	Indian	Chinese	Japanese
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

U. S. CITIZEN ALIEN

Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15 Have you a citizen of the U. S. of what nation are you a citizen or subject?

16 PRESENT OCCUPATION Farmer EMPLOYER'S NAME Ed Lewis

17 PLACE OF EMPLOYMENT OR RESIDENCE Carroll Texas 7700
(City or town) (County) (State)

18 NEAREST RELATIVE
 Name Ed Lewis
 Address Carroll Texas 7700
(City or town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE
 P. M. G. O. P. M. G. O. Lewis
 Form No. 1 (Revised)

24-5-370
REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT		BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slim	Medium	Squat	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22	23	24	25	26	27	28
					Blue	Brown

21 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify)

22 I certify that my answers are true; that the person registered has read or 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:

W. B. Hall
(Signature of Registrar)

Date of Registration 9/12-1918

LOCAL BOARD FOR THE
 COUNTY OF TEXAS
 STATE OF MISSOURI
 HOUSTON, MO.
(SEAL OF THE BOARD)

(OVER)