

REGISTRATION CARD—(Men born on or after April 28, 1877 and on or before February 16, 1897)

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|---|--|---|--|--|--------------|
| SERIAL NUMBER U 475 | | 1. NAME (Print) John Joseph Brogan <small>(First) (Middle) (Last)</small> | | | ORDER NUMBER |
| 2. PLACE OF RESIDENCE (Print) 1328 S (30 th) Street ⁸⁶ Phila Pa <small>(Number and street) (Town, township, village, or city) (County) (State)</small> | | | | | |
| [THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL] | | | | | |
| 3. MAILING ADDRESS Same <small>(Mailing address if other than place indicated on line 2. If same insert word same)</small> | | | | | |
| 4. TELEPHONE None <small>(Exchange) (Number)</small> | | 5. AGE IN YEARS 61 <small>(Mo.) (Day) (Yr.)</small> | | 6. PLACE OF BIRTH Philadelphia Pa <small>(Town or county) (State or country)</small> | |
| 7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS Sarah Brogan 1328 S 30 th St Phila Pa | | | | | |
| 8. EMPLOYER'S NAME AND ADDRESS Atlantic Refining Co | | | | | |
| 9. PLACE OF EMPLOYMENT OR BUSINESS 3144 Passyunk Ave Phila Phila Pa <small>(Number and street or R. F. D. number) (Town) (County) (State)</small> | | | | | |

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.
 D. S. S. Form I (Revised 4-1-42) (over) 16-21630-1
 John Joseph Brogan (Registrant's signature)

REGISTRAR'S REPORT

| DESCRIPTION OF REGISTRANT | | | |
|-----------------------------------|---|---|------------|
| RACE | HEIGHT (Approx.) | WEIGHT (Approx.) | COMPLEXION |
| | | | |
| Negro <input type="checkbox"/> | | | |
| Oriental <input type="checkbox"/> | | | |
| Indian <input type="checkbox"/> | | | |
| Filipino <input type="checkbox"/> | | | |
| | EYES | HAIR | |
| | Blue <input checked="" type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> | Blonde <input type="checkbox"/> Red <input type="checkbox"/> Brown <input type="checkbox"/> Black <input checked="" type="checkbox"/> Gray <input checked="" type="checkbox"/> Bald <input type="checkbox"/> | |

Other obvious physical characteristics that will aid in identification:
 Broken down right ear

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:

Registrars for Local Board: Mary Calorin
 45 (Number) Phila Pa (City or county) (State)
 Date of registration: 4/27/42

LOCAL BOARD NO. 45
 CITY OF PHILADELPHIA
 51st & Thompson Streets
 PHILADELPHIA, PENNA.
 (STAMP OF LOCAL BOARD) 045

(The stamp of the Local Board having jurisdiction of the registrant should be placed in the above space)
 16-21630-1