

# World War I Draft Registration Card B—(5 July 1918)

Serial No. _____		Registration No. _____	
<b>1</b>	Name in full _____ (Given name) (Family name)	Age in Years _____	
<b>2</b>	Home Address _____ (#) (street or R.F.D) (city or town) (state)		
<b>3</b>	Date of birth _____ (month) (day) (year)		
<b>4</b>	Where were you born? _____ (city or town) (state) (nation)		
<b>5</b>	I am { 1. Native of the United States 2. Naturalized Citizen 3. Alien 4. Declared Intention 5. Noncitizen or citizen Indian (strike out items or words not applicable)		
<b>6</b>	If not a citizen, of what nation are you a citizen or subject? _____		
<b>7</b>	Father's birthplace _____ (city or town) (state or province) (nation)		
<b>8</b>	Name of employer _____ Place of employment _____ (#) (street or R.F.D) (city or town) (state)		
<b>9</b>	Name of nearest relative _____ Address of nearest relative _____ (#) (street or R.F.D) (city or town) (state)		
<b>10</b>	Race—White, Negro, Indian (strike out items or words not applicable)		
I affirm that I have verified above answers and that they are true.			
P.H.G.O Form 1 (blank)		_____ (Signature or Mark of Registrant)	
<b>REGISTRATION CARD.</b>			

REGISTRAR'S REPORT		
<b>1</b>	Tall _____ Medium _____ Short _____ (Strike out words not applicable)	Slender _____ Medium _____ Stout _____
<b>2</b>	Color of eyes _____ Color of hair _____	
<b>3</b>	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)		
_____ (Stamp of Local Board)		
(The stamp of the local board having jurisdiction of the area in which the registrant has his appointment shall be placed in this box)		

If person is of African descent, cut off this corner.