



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.

| | | | |
|---|---|------------------------|--|
| Serial No. _____ | | Registration No. _____ | |
| 1 | Name in Full _____ (Given Name) (Family Name) | Age in Years | |
| 2 | Home Address _____ (#) (Street or 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 <input type="checkbox"/> 1. Native of the United States <input type="checkbox"/> 2. Naturalized Citizen <input type="checkbox"/> 3. Alien <input type="checkbox"/> 4. Declared Intention <input type="checkbox"/> 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 _____ Place of Employment _____ (#) (Street or R.F.D.) (City or Town) (State) | | |
| 9 | Name of Nearest Relative _____ Address of Nearest Relative _____ (#) (Street or R.F.D.) (City or Town) (State) | | |
| 10 | 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 | | | |

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



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REGISTRAR'S REPORT

| | | | |
|--|---|------------------------------------|----------------------------|
| 1 | Tall Medium Short | (Strike out words not applicable.) | Slender Medium Stout |
| 2 | Color of eyes _____ Color of hair _____ | | |
| 3 | Has person lost foot, arm, leg, hand, eye, or is he palpably physically disqualified (Specify)? _____ | | |
| <p>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</p> <p>_____</p> <p>_____</p> | | | |
| _____ | | | |
| (Signature of Registrar) | | | |
| _____ | | | |
| (Date of Registration) | | | |
| <div data-bbox="259 1591 836 1806" style="border: 1px solid black; width: 100%; height: 100%; text-align: center;">(Stamp of Local Board)</div> | | | |
| <small>(The stamp of the local board having jurisdiction of the area in which the registrant has his appointment shall be placed in this box)</small> | | | |