

REGISTRATION CARD

REGISTRATION NUMBER	893	OTHER NUMBER	74
NAME	MAX WALKER		
RESIDENCE	620 E 11th St NY NY NY		
Age in Years	34		
Date of Birth	April 30 1884		

RACE

White	Negro	Other	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

Native Born	Naturalized	County of Birth & Date of Naturalization	Declared	Sworn
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

12 Is he a citizen of the U. S. of what name and when a citizen or subject?

PRESIDENT OCCUPATION	EMPLOYER'S NAME
13 Furnice	14 Max Walker Max Walker
15 187 E 11th St NY NY	

16 NAME	17
18 Max Walker	19 620 E 11th St

I HEREBY STATE THAT I HAVE RECEIVED ABOVE ENTRIES AND THAT THEY ARE TRUE
 BY M. W. W. (Signature)
 FORM No. 1 (Rev. 21)

Max Walker

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HT	WEIGHT			BUILD			HAIR	EYES
	Lbs	Middle	Short	Slender	Medium	Large		
27	22	45	<input checked="" type="checkbox"/>	24	<input checked="" type="checkbox"/>		Blue	Blue

28 This person has arms, legs, hands, eyes, or is he substantially physically disabled or blind?

29 No

30 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 made, and that all of his answers of which I have knowledge, are true, except as follows:

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Local Board for Division # 117,

City of New York, State of N. Y.

288 East 10th St., N. Y. C.

OFFICE OF LOCAL BOARD

(The name of the Local Board serving jurisdiction of the area in which the registrant has his permanent home shall be placed in this box.)

FORM NO. 1 (REV. 21)