

REGISTRATION CARD 064390

1 Name Samuel Robert 22

2 Home address 1799 West 4th Street, Seattle, Wash.

3 Date of birth April 25 1895

4 Sex male Color of hair brn Color of eyes brn

5 Where born Milwaukie, Ore.

6 Height 5 ft 6 in Weight 126

7 Education High School

8 Occupation Student

9 How long in this country 26 yr

10 Marital status single

11 What all your arms have you lost? None

12 Do you have any other marks? None

I certify that I have printed above names of if they are true.

119 Samuel Robert

REGISTRAR'S REPORT 31-9-15-A

1 Tell me, in or about (specify which)? State's State, nation, or street (which)? Seattle, Wash.

2 Color of eyes? gray Color of hair? brn Build? med

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? no

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:

W. B. Evans
(Signature of Registrar)

AD-34 EDH6
Precinct Brown
City or County Seattle
State Washington

June 5/17
(Date of registration)