

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

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

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