

REGISTRATION CARD

SERIAL NUMBER 4794 ✓

ORDER NUMBER 4236

NAME: [unclear] [unclear] [unclear]

RESIDENT ADDRESS: 559 - 10th St, Newark, N.J.

Age in Years: 20

DATE OF BIRTH: [unclear]

RACE: [unclear]

U. S. CITIZEN: [unclear]

ALIEN: [unclear]

PRESENT OCCUPATION: Accountant

EMPLOYER'S NAME: [unclear]

NEAREST RELATIVE: Mrs. Sarah M. [unclear]

I AFFIRM THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS ACT AND THAT I HAVE SIGNATURED THE SAME.

JAMES HOLLOWAY McCREE

REGISTRAR'S REPORT

21-1-12

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			HAIR	COLOUR OF EYES
Tall	Medium	Short	Slender	Medium	Stout		
22	23	24	25	26	27	28	29
						20	21

20 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify)

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

C. J. [unclear]
 [unclear]
 Date of Registration: [unclear]

LOCAL BOARD DIVISION NO. 12
 City of Newark, State of New Jersey

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

World War I Draft Registration Card C—(12 September 1918)

REGISTRATION CARD				
SERIAL NUMBER			ORDER NUMBER	
1				
First name		Middle name		Family name
2 PERMANENT HOME ADDRESS				
(No.)	(Street or R.F.D. number)	(City or town)	(County)	(State)
Age by Years	Date of Birth			
3	4			
	(Month)	(Day)	(Year)	
RACE				
White	Negro	Oriental	Indian	
			Citizen	Non-Citizen
5	6	7	8	9
U.S. CITIZEN			ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization before Registrant's Majority	Declarant	Non-declarant
10	11	12	13	14
15 If not a citizen of the U.S., of what nation are you a citizen or subject?				
PRESENT OCCUPATION			EMPLOYER'S NAME	
16			17	
18 PLACE OF EMPLOYMENT OR BUSINESS				
(No.)	(Street or R.F.D. number)	(City or town)	(County)	(State)
NEAREST RELATIVE	Name	19		
	Address	20		
		(No.)	(Street or R.F.D. number)	(City or town)
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.				
P.M.G.O.				
Form No. 1		(Registrant's signature or mark)		

REGISTRAR'S REPORT							
DESCRIPTION OF REGISTRANT							
HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21	22	23	24	25	26	27	28
29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (SPECIFY.)							
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 mark and that all of his answers of which I have knowledge are true, except as follows:							
Signature of Registrar							
Date of Registration _____							
(The stamp of the local board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box)							