

1 Name of holder Claude W. Parker (Print name) (Print name)

2 Name of office 906 Commerce or Express Print (Print name) (Print name)

3 Date of birth March 4 1890 (Print name) (Print name)

4 For type (1) a general business stamp, (2) a newspaper stamp, (3) an alien, (4) or have you defined your location (specify which)? National from City of U.S.A

5 Where was this done? Exton Dakota D.D. (Print name) (Print name) (Print name)

6 If not a citizen, of what country are you a citizen or subject?

7 What is your present trade, occupation or office? Press Man 15

8 Do you employ? J. F. Fields
If yes, employed? Express

9 Have you a wife, mother, wife, child under 12, or a son or brother under 12, wholly dependent on you for support? (specify which)? Wife 2 children

10 Married or single (which)? Married How (specify which)? concession

11 What military service have you had? Rank _____; branch _____; years _____; Nation or State _____

12 Do you have enough on hand to pay your taxes? No

I affirm that I have verified above answers and that they are true.

Claude W. Parker
(Signature of holder)

A 21-3-17

REGISTRAR'S REPORT

1 Tell whether or not you are a Printer. State whether or not you are a Medicine

2 Color of eyes Blue Color of hair Black

3 Are you not one by law, but in fact, an alien, or a citizen of another country? 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:

J. D. Abel
(Signature of registrar)

Residence 3
City or County Exton
State Dakota

June 5-17
(Date of registration)

World War I Draft Registration Card A—(5 June 1917)

Form 1	REGISTRATION CARD	No. _____
1	Name in full _____ <small>(Given name) (Family name)</small>	Age in Years _____
2	Home Address _____ <small>(No.) (street) (city) (state)</small>	
3	Date of birth _____ <small>(month) (day) (year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? _____	
5	Where were you born? _____ <small>(town) (state) (nation)</small>	
6	If not a citizen, of what nation are you a citizen or subject? _____	
7	What is your present trade, occupation, or office? _____	
8	By whom employed? _____ Where employed? _____	
9	Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? _____	
10	Married or single (which)? _____ Race (specify which)? _____	
11	What military service have you had? Rank _____ branch _____ years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? _____	
I affirm that I have verified above answers and that they are true.		

(Signature or Mark)		

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

REGISTRAR'S REPORT	
1	Tall, medium, or short (specify which)? _____ Slender, medium, or stout (which)? _____
2	Color of eyes _____ Color of hair _____ Bald _____
3	Has person lost arm, leg, hand, foot, eye, or both eyes or is he otherwise disabled (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)	
Precinct _____	
City or County _____	
State _____	_____
	(Date of Registration)

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