

REGISTRATION CARD

SERIAL NUMBER

1571

ORDER NUMBER

9-1119

Robert Calhoun Patty
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS:

Mason Nevada Co Miss
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years

30

Date of Birth

Jan 20 1883
(Month) (Day) (Year)

R A C E

White	Negro	Oriental	Indian
5 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
			9 <input type="checkbox"/>
			Noncitizen

U. S. CITIZEN

ALIEN

Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant
10 <input checked="" type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>

15 If not a citizen of the U. S., of what nation are you a citizen or subject?

PRESENT OCCUPATION

EMPLOYER'S NAME

16 Salesman in Mercantile Store

17 Akkars & Co

18 PLACE OF EMPLOYMENT OR BUSINESS:

Mason Nevada Co Miss
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE

 Name
Address

19 Mrs Rebecca Lovell Patty
 20 Mason Miss
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE

Robert Calhoun Patty
(Registrant's signature or mark)

23-2-34-C 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 ✓	Grey	28 Brown

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

No

30 I certify that my answers are true; that the person registered has read or 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:

S. Perryates

(Signature of Registrar)

Sept 12 1918

Date of Registration

LOCAL BOARD NO. _____
 COUNTY OF HOOVER,
 STATE OF MISS., HOOVER, MISS.
 (STAMP OF LOCAL BOARD)

2592

(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.)