

Form 1 1900 REGISTRATION CARD No. 52A

1 Name in full *Walter Deigate* Age in yrs. *26*
(Given name) (Family name)

2 Home address *205 1/2 Philip Charleston SC*
(No.) (Street) (City)

3 Date of birth *Nov 20 1890*
(Month) (Day) (Year)

4 Are you (1) a natural born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? *Natural Born Citizen*

5 Where were you born? *Charleston SC USA*
(City) (State)

6 Have a citizen of what country are you a citizen or subject?

7 *USA* Religion *Methodist* Race *White* Height *5-8* Color of hair *Blue* Color of eyes *Blue*
(Name) (Color) (Color) (Color) (Color)

8 By whom employed? *Charleston SC*

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)? *Wife & 2 children*

10 Married or single (which)? *Married* Race (specify which)? *Cauc*

11 What military service have you had? Rank *None* ; branch *None* ; year *None* ; Nation or State *None*

12 Do you claim exemption from draft (specify grounds)? *None*

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

W Deigate
(Signature of registrant)

If prepared at a public office, attach stamp.

REGISTRAR'S REPORT
39-1-8, A

1 Tall, medium, or short (specify which)? *Medium* Slender, medium, or stout (which)? *Medium*

2 Color of eyes? *Grey* Color of hair? *Blue* Build? *Slender*

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? *None*

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:

Ward 11 *Spencer*
(Signature of registrar)

Precinct *L-A*

City or County *Charleston*

State *SC* *Jan 5*
(Date of registration)

Local Board for Div. No. 2
100-10 LUCAS ST.
City of Charleston
State of South Carolina