

**REGISTRATION CARD**

SERIAL NUMBER: *2244* ORDER NUMBER: *1060A*

1. Name: *Joseph Dengate* (Last name)  
 2. Residence: *Albert City, Iowa* (State)

3. Age in Years: *22* Date of Birth: *August 22* (Month) *1898* (Year)

4. RACE: *White*

White	Negro	Oriental	Indian	Non-Caucasian
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. U. S. CITIZEN: *yes*

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

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

7. PRESENT OCCUPATION: *Farming*

8. EMPLOYER'S NAME: *Mr. J. Dengate*

9. PLACE OF EMPLOYMENT OR BUSINESS: *Charles Mar.*

10. NEAREST RELATIVE: Name: *Mr. J. Dengate* Address: *Charles Mar.*

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

P. M. D. G. FORM No. 1, REG. *Joseph Dengate* (Signature) (OVER)

**REGISTRAR'S REPORT**

14-16

DESCRIPTION OF REGISTRANT

HEIGHT	<i>5ft 7</i>	BUILD	<i>Medium</i>	COLOR OF EYES	<i>Grey</i>	COLOR OF HAIR	<i>Brown</i>
Tall	Medium	Slender	Medium	Stout			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Has person lost arm, leg, hand, eye, or to be otherwise specified? *Physically fit.*

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:

22. SIGNATURE: *Arthur Schaub* Date: *Oct 3rd 1918*

23. LOCAL BOARD: **Local Board for the County of Buena Vista, State of Iowa, Storm Lake, Ia.**

24. LOCAL BOARD: (Stamp: LOCAL BOARD, BUENA VISTA, IOWA, OCT 14 1918)

25. If stamp of local board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box. (Stamp: LOCAL BOARD, BUENA VISTA, IOWA, OCT 14 1918)

26-617 (OVER)