

REGISTRATION CARD

1. **NAME** *William Eade Donzale* **NO.** *4038*

2. **PERMANENT HOME ADDRESS**
50 9th Street, Elyria, Lorain Co., Ohio

3. **Age in Years** *37* **Days of Birth** *July 30th 1881*

RACE
 White Negro Oriental African Mexican Hawaiian

U. S. CITIZEN
 Naturalized Declared Non-declared

14. **PRESENT OCCUPATION** *Mr. William Eade Donzale*
EMPLOYER'S NAME *Donzale Bros. & Co.*

15. **NEAREST RELATIVE**
 Name *Francis Donzale*
 Address *9th Street, Elyria, Ohio*

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

W. M. G. O.
 (Print Name & Title)

William Eade Donzale
 (Signature)

REGISTRAR'S REPORT

William Eade Donzale **DESCRIPTION OF REGISTRANT**

HEIGHT			BUILD			COLOR OF EYES		COLOR OF HAIR	
Tall	Medium	Short	Slender	Medium	Stout	Blue	Brown	Black	Gray
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Has person lost arm, leg, hand, eye, etc. Is he obviously physically disabled?
 (Specify) *No.*

34-2-29 C

23. 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:

Jack D. Dickerson
 (Signature of Registrar)

SEP 12 1918
 Date of Registration

**LOCAL BOARD
 FOR LORAIN COUNTY,
 ELYRIA, OHIO.**

(STAMP OF LOCAL BOARD)

(The stamp of the Local Board having jurisdiction in the town in which the person has no permanent home shall be placed on this box.)

73-617 (OVER)