

REGISTRATION CARD

REG. NO. **3438** DOB'S YEAR **1964**

1. REGISTRANT'S NAME: *Joseph Lavate - Wengert*

2. REGISTRANT'S HOME ADDRESS: *Shannon Song Ohio*

3. (Date of Birth) *Feb 9 1880*

4. Age in Years: *38*

5. RACE: White Negro Oriental Indian Citizens Natives

6. U. S. CITIZEN: Native Born Naturalized Citizens by Father's Status Deceased Alien Naturalized Deceased

7. PRESENT OCCUPATION: *Other*

8. PLACE OF ENROLLMENT OR RESIDENCE: *Coal Mines Royal W. W. Mining Co Shannon Song Ohio*

9. NEAREST RELATIVE: *Elizabeth Wengert Shannon Song Ohio*

I AFFIRM THAT I HAVE FULFILLED EVERY REQUIREMENT AND THAT I AM FIT TO REGISTER.

P. M. G. O. FOREIGN BORN (11144)

REGISTRAR'S REPORT

34-0-230

DESCRIPTION OF REGISTRANT

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

23. Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify): *No*

26. 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 name, and that all of his answers of which I have knowledge are true, except as follows:

C. C. Mitchell
(Signature of Registrar)

Date of Registration: *Sept 12 1915*

LOCAL BOARD

PERRY COUNTY,

OHIO.

SOMERSET, OHIO.

(STAMP OF LOCAL BOARD)

(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.)

(OVER)