

REGISTRATION CARD 4367

SERIAL NUMBER **137** ORDER NUMBER **4367**
 NAME **James Francis Deagate**
 RESIDENT HOME ADDRESS **Bellwood**

Age in Years **45** Date of Birth **May 22 1873**

RACE: Indian:

White	Negro	Oriental	Caucen	Indian
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

U. S. CITIZEN ALIEN

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"/>

15. Is not a citizen of the U. S., of what nation are you a citizen or subject?
 16. PRESENT OCCUPATION **Carpenter & builder** EMPLOYER'S NAME
 17. PLACE OF EMPLOYMENT OR BUSINESS **Bellwood**

18. NEAREST RELATIVE: Name **Ray & James Deagate**
 Address **Bellwood**

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.
 P. M. G. O. James Francis Deagate (Registrant's signature or mark)

37-3-5
REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

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

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

20. 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:

Date of Registration **Sept 12**

LOCAL BOARD FOR DIVISION No. 2,
FOR COUNTY OF BLA. STATE OF PENN'A.
TYRONE, PA.

(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.)

65-4011 (OVER)