

## REGISTRATION CARD

SERIAL NUMBER 1689 OFFICE NUMBER A1631 William Weir Stuart2 PERMANENT HOME ADDRESS:  
1125 N. West St Indianapolis Ind  
(State) (Street or R. F. D. No.) (City or town) (County)Age in Years 43 Date of Birth October 29 1874RACE  
White  Negro  Danish  Indian   
Czech  Russian U. S. CITIZEN ALIEN  
Naturalized  Citizen by Father's Naturalization  Exempt by Treaty  Naturalized  Alien   
10  11  12  13  14 

15 Is not a citizen of the U. S., of what nation or nations is he or she?

PRESENT OCCUPATION Dentist EMPLOYER'S NAME16 PLACE OF BIRTH (INDICATE IF FOREIGN)  
653 N. West St Indianapolis Ind  
(State) (Street or R. F. D. No.) (City or town) (County)NEAREST RELATIVE  
Name May Stokes Stuart  
Address 1125 N. West St Indianapolis Ind  
(State) (Street or R. F. D. No.) (City or town) (County)

I AFFIRM THAT I HAVE READ THE ABOVE AND IT IS TRUE AND THAT THEY ARE TRUE

P. M. (S. O.) W. M. Smith  
FORM NO. 1 (REV.) (The report is returned to you) (2)

## REGISTRAR'S REPORT

## DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COMPLEXION OF EYES	COMPLEXION OF HAIR
Tot	Medium	Short	Slender	Medium	Short		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

27 Has person lost arms, legs, hands, eyes, or is he otherwise physically disabled?  
Completely 

28 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:

Laura Reynolds  
(Signature of Registrar)

Date of Registration Sept 12

Local Board Division No. 2  
City of Indianapolis  
Indianapolis, Indiana.

(The stamp of the Local Board having jurisdiction of the case in which the report has been prepared there shall be placed in this box.)

FORM NO. 1 (REV.) (2)