

REGISTRATION CARD 064390

1 Name Samuel Robert 22

2 Home address 1799 West 4th Street, S.W.

3 Date of birth April 25 1895

4 Sex male 5 Marital status single

6 Race White

7 What is your occupation? Student 26

8 By what school? Brooklyn Institute

9 How long have you been in this city? 187 26 St

10 Married or single? single

11 What are your eyes like? Blue 22

12 Do you have any other marks? None

I certify that I have printed above names of _____ if they are true.

1919 Samuel Robert

REGISTRAR'S REPORT 31-9-15-A

- 1 Tell me, in plain words, or short (specify which)? skin is Shades, medium, or steel (which)? shades
- 2 Color of eyes? gray Color of hair? black Build? 200
- 3 Has person had arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? no

I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:

W. B. Evans
(Signature of Registrar)

AD 34 ED 46
Precinct _____
City or County Brown
State Michigan

June 5/19
(Date of registration)