

## REGISTRATION CARD

5261

No. 1 *5261* *Schneider* *5261**1* *107* *Schneider**2* *950 East 163rd St Bronx N.Y.**3* *34 May 17 1884**4* *White**5* *1* *1* *1* *1* *1**6* *1* *1* *1* *1* *1**7* *1* *1* *1* *1* *1**8* *1* *1* *1* *1* *1**9* *1* *1* *1* *1* *1**10* *1* *1* *1* *1* *1**11* *1* *1* *1* *1* *1**12* *1* *1* *1* *1* *1**13* *1* *1* *1* *1* *1**14* *1* *1* *1* *1* *1**15* *1* *1* *1* *1* *1**16* *1* *1* *1* *1* *1**17* *1* *1* *1* *1* *1**18* *1* *1* *1* *1* *1**19* *1* *1* *1* *1* *1**20* *1* *1* *1* *1* *1**21* *1* *1* *1* *1* *1**22* *1* *1* *1* *1* *1**23* *1* *1* *1* *1* *1**24* *1* *1* *1* *1* *1**25* *1* *1* *1* *1* *1**26* *1* *1* *1* *1* *1**27* *1* *1* *1* *1* *1**28* *1* *1* *1* *1* *1**29* *1* *1* *1* *1* *1**30* *1* *1* *1* *1* *1*

## REGISTRAR'S REPORT

31-95-C

## DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			SCAR	COLOR
Tot	Feet	Inches	Slender	Medium	Stout	Scarred	of Hair
21	22	11	24	25	26	27	28
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			

29 Has person lost arm, leg, hand, eye, or is otherwise physically disqualified? (Specify.)

31 I certify that the answers are true; that the person registered has read or has had read to him the oath necessary that I have witnessed his signature at which, and that all of his answers of which I have knowledge are true, except as follows:

*Emmanuel McNamee*

Date of Registration *Sept 12, 1918*

LOCAL BOARD NO. 5  
1000 East 163rd Street  
County of Bronx, New York

(STAMP OF LOCAL BOARD)

In case of the Local Board having jurisdiction of the area in which the registrant has his permanent home shall be placed on the list.

72-5118 (OVER)