

REGISTRATION CARD

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| SERIAL NUMBER | 719 | ORDER NUMBER | 1616 |
| NAME (Last name) | | | |
| Schwiler | | | |
| FIRST NAME (First name) | | | |
| P | | | |
| HEIGHT | 233 | WEIGHT | 155 |
| HAIR | Black | EYES | Blue |
| AGE IN YEARS | 37 | DATE OF BIRTH | 1891 |
| RACE | | | |
| White | Negro | Other | Indian |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U. S. CITIZEN | | | |
| Naturalized | Alien | Native Born | Other |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IS NOT A CITIZEN OF THE U. S., AT WHAT OFFICE AND ON WHAT DATE? | | | |
| PRESENT OCCUPATION | | EMPLOYER'S NAME | |
| Manager | | Max Schwiler | |
| PLACE OF EMPLOYMENT OR BUSINESS | | | |
| 223 - 7th St. Brooklyn, Kings Co. N.Y. | | | |
| NEAREST RELATIVE | | | |
| Poppo Schwiler | | | |
| ADDRESS | | | |
| 223 - 7th St. Brooklyn, Kings Co. N.Y. | | | |
| I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE | | | |
| F. M. O'NEILL (Read) | | | |
| James Schwiler | | | |

REGISTRAR'S REPORT

31-9-104-C

| DESCRIPTION OF REGISTRANT | | | | | | | | |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| HEIGHT | | | BUILD | | | COLOR OF EYES | | COLOR OF HAIR |
| Tall | Medium | Short | Slender | Medium | Stout | Blue | Black | Black |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21 Has person lost arms, leg, hand, eye, or is he obviously physically disqualified? (Specify.) | | | | | | | | |
| 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 | | | | | | | | |
| S. S. 12, 1916 | | | | | | | | |
| WAR DEPARTMENT | | | | | | | | |
| OFFICE OF THE PROTONI-MASGHAL GENERAL | | | | | | | | |
| OFFICIAL BUSINESS | | | | | | | | |
| LOCAL EXEMPTION BOARD DIVISION 104 | | | | | | | | |
| NEW YORK | | | | | | | | |
| (STAFF OF LOCAL BOARD) | | | | | | | | |
| (The army of the Local Board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box.) | | | | | | | | |