REGISTRATION CARD

SERIAL NUMBER 1. N	NAME (Print)		ORDER NUMBER						
S- 69 Jo	seph Benja	min Kohlbrer	nner 5-1869						
2. PLACE OF RESIDENCE (Pri	(First) ((Middle) (Last)							
2. I LACE OF RESIDENCE (I'II		111-00	1 N II K						
12/3 /3 /NO	the first territories and the first territor	e Utra One	elda liew york						
(Number and stree	THE REPORT OF THE PARTY OF THE	illage, or city) (County LINE ABOVE WILL DETER)	MINE LOCAL BOARD						
[THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL]									
3. Mauric Address									
Vostal leligraph 138 General Steel									
[Mailing address if other than place indicated on line 2. If same insert word same]									
4. TELEPHONE	5. AGE IN YEARS	6. PLACE OF BIRTH	7. OCCUPATION						
	2/	Syracuse							
	DATE OF BIRTH	(Town or county)	- Clark						
none	5 15 1920	no 94	1.0. to						
(Exchange) (Number)	(Mo.) (Day) (Yr.)	(State or country)	- receipte apervion						
8. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS									
mrs. dos	new Kohlba	enner - 1215 \$	renckeihoff ave						
9. EMPLOYER'S NAME AND A U. J. W. J.	ADDRESS (A)								
10. PLACE OF EMPLOYMENT	OR BUSINESS		(A A						
138 46	men Stant	11. 9.	in the New York						
(Number and street	or R. F. D. number)	(Town)	County) (State)						
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.									
		1 .0 ;	2011						
D. S. S. Form 1	(awar) 16—21630	youth 5.	ohlprimur.						
(Revised 6-9-41)	(over)	// / (Regist	rant's signature)						

REGISTRAR'S REPORT

		DESCI	RIPTION	OF REC	GISTRAI	NT	
RACE		HEIGHT (Approx.)		WEIGHT (Approx.)		COMPLEXION	
White		517"		121		Sallow	
		EYES		HAIR		Light	
Negro		Blue		Blonde		Ruddy	
		Gray		Red		Dark	
Oriental		Hazel		Brown	_	Freckled	
		Brown		Black		Light brown	1
Indian		Black		Gray		Dark brown	1
				Bald		Black	
Filipino							
read to him all of his ans	his own	answers; which I ha	that I ha	ve witness	ed his sig	ered has read nature or ma pt as follows:	rk and that
Registrar for Date of regis		Board	B. 43	o Jumber)	Signature (City or	of registrar) county)	(State)
	LO	AINS	RAFT	BOAR TH BU	MD NO	. 430 G	
		(87	TAMP OF	LOCAL B	OARD)		

(The stamp of the Local Board having jurisdiction of the registrant shall be placed in the above space)