

1	Name in full <u>James R Phalen</u> <small>(Given name) (Family name)</small>	Age in yrs <u>24</u>
2	Home address <u>305 Para ave Akron Ohio</u> <small>(No.) (Street) (City) (State)</small>	
3	Date of birth <u>April 13 1893</u> <small>(Month) (Day) (Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Natural born citizen</u>	
5	Where were you born? <u>Flora New York U.S.A.</u> <small>(Town) (State) (Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject? _____	
7	What is your present trade, occupation, or office? <u>Office clerk</u>	
8	By whom employed? <u>Goodman Tire & Rubber Co</u>	
	Where employed? <u>Akron Ohio</u>	
9	Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? <u>No</u>	
10	Married or single (which)? <u>single</u> Race (specify which) <u>Caucasian</u>	
11	What military service have you had? Rank _____; branch _____ years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

I affirm that I have verified above answers and that they are true.

James R Phalen
(Signature or mark)

1	Tall, medium, or short (specify which)? <u>Med</u> Slender, medium, or stout (which)? <u>Med</u>
2	Color of eyes? <u>Blue</u> Color of hair? <u>Red</u> Bald? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>

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:

R. Huber
(Signature of registrar)

Precinct Q 6City or County Akron

State _____

(Date of registration)

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