

REGISTRATION CARD

SERIAL NUMBER **2511** ORDER NUMBER **1675**
 1 **Ernie** **Arthur** **Start**
 First name Middle name Last name

2 PERMANENT HOME ADDRESS:
R.F.D no 3 Baldwinsville Onondaga NY
 No. Street or R. F. D. No. City or town County State

Age in Years **43** Date of birth **Nov 24 1874**
 Month Day Year

RACE

White Negro Oriental Citizen Indian Noncitizen
L **6** **7** **8** **9**

U. S. CITIZEN

ALIEN

Native Born Naturalized Citizen by Father's Naturalization before Reg. Maj. Declarant Non-declarant
10 L **11** **12** **13** **14**

15 If not a citizen of the U. S., of what nation are you a citizen or subject?

PRESENT OCCUPATION

EMPLOYER'S NAME

16 **Farmer** 17 **Self**

18 PLACE OF EMPLOYMENT OR BUSINESS:
R.F.D no 3 Baldwinsville Onondaga NY
 No. Street or R. F. D. No. City or town County State

NEAREST RELATIVE Name Address
19 Mrs Mary Start
20 R.F.D no 3 Baldwinsville Onondaga NY
 No. Street or R. F. D. No. City or town County State

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THEY ARE TRUE

P. M. G. O. **Ernie A. Start**
 FORM NO 1 RED Registrant's signature or mark OVER

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

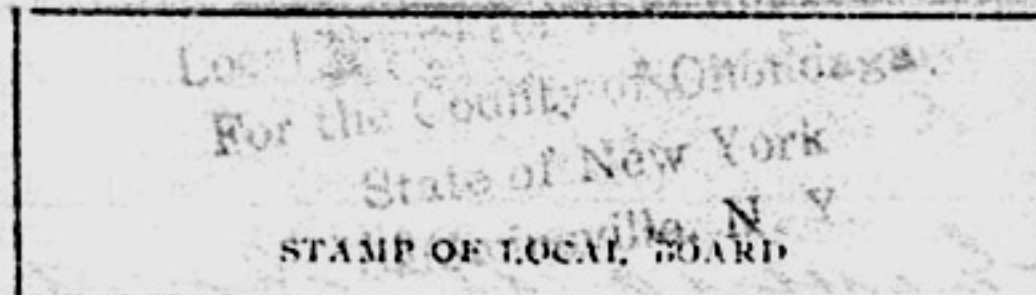
HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21	22 L	23	24 L	25	26	27 Blue	28 Brown

29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? Specify

30 I certify that my answers are true; that the person registered has read or have 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:

Ernie J. Grogan
 Signature of Registrar

Date of Registration **Sept 12, 1918**



The stamp of the Local Board, having jurisdiction of the area in which the registrar has his permanent home shall be placed in this box 62-6171 OVER