

142

2457

1 Name in full Ora Albert Breckenridge Age in yrs 25-  
(Given name) (Family name)

2 Home address Mills New Mex  
(No.) (Street) (City) (State)

3 Date of birth February 16 1892  
(Month) (Day) (Year)

4 Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) have you declared your intention (specify which)? Natural born Citizen

5 Where were you born? Castroville Mo. U.S.  
(Town) (State) (Nation)

6 If not a citizen, of what country are you a citizen or subject? \_\_\_\_\_

7 What is your present trade, occupation, or office? Farm

8 By whom employed? By self  
 Where employed? New Mills N.M.

9 Have you a father, mother, wife, child under 12, or a sister or brother under 12, wholly dependent on you for support (specify which)? None

10 Married or single (which)? Single Race (specify) Caucasian

11 What military service have you had? Rank \_\_\_\_\_; branch \_\_\_\_\_  
 years \_\_\_\_\_; Nation or State \_\_\_\_\_

12 Do you claim exemption from draft (specify grounds)? \_\_\_\_\_

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

Ora Albert Breckenridge  
(Signature or mark)

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Medium	Slender, medium, or stout (which)?	Medium
2	Color of eyes?	Grey	Color of hair?	Light Brown
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)?	None		

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:

Art St. Germain  
(Signature of registrar)

Precinct 32  
City or County Cohasset  
State New Mex

January 5 1917  
(Date of registration)