

REGISTRATION CARD

SERIAL
NUMBER

2295

OFFICE
NUMBER

A910

1 *Oliver Critchfield Cummings*

2 PERMANENT HOME ADDRESS:

| | | | | | | | | |
|-------|-----------|--------------------------|----------------|----------------|---------------|----------|-------------|---------|
| (No.) | <i>R1</i> | (Street or R. F. D. No.) | <i>Houston</i> | (City or town) | <i>Harvey</i> | (County) | <i>Kans</i> | (State) |
|-------|-----------|--------------------------|----------------|----------------|---------------|----------|-------------|---------|

Age in Years

Date of Birth

| | | | | | |
|---|-----------|---|------------|-----------|-------------|
| 3 | <i>40</i> | 4 | <i>May</i> | <i>12</i> | <i>1878</i> |
| | (Month) | | (Day) | | (Year) |

RACE

| White | Negro | Oriental | Indian | | |
|-------|----------|----------|---------|-------------|---|
| | | | Citizen | Non-Citizen | |
| 5 | <i>X</i> | 6 | 7 | 8 | 9 |

U. S. CITIZEN

ALIEN

| Natural Born | Naturalized | Citizen by Father's Naturalization U. S. Decree of Republic | Declarant | Non-Declarant | |
|--------------|-------------|--|-----------|---------------|----|
| 10 | <i>X</i> | 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 | 17 |
| <i>Farming</i> | |

18 PLACE OF EMPLOYMENT OR BUSINESS:

| | | | | | | | | |
|-------|-----------|--------------------------|----------------|----------------|---------------|----------|-------------|---------|
| (No.) | <i>R1</i> | (Street or R. F. D. No.) | <i>Houston</i> | (City or town) | <i>Harvey</i> | (County) | <i>Kans</i> | (State) |
|-------|-----------|--------------------------|----------------|----------------|---------------|----------|-------------|---------|

| NEAREST RELATIVE | Name | 19 | | |
|---------------------|--------------------------|-------------------------------|----------------|----------|
| | <i>Mrs Kate Cummings</i> | | | |
| Address: | 20 | <i>R1 Houston Harvey Kans</i> | | |
| | (No.) | (Street or R. F. D. No.) | (City or town) | (County) |

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

P. M. G. O.
Form No. 1 (Rev.)

P. Cummings
(Registrant's signature or mark)

15-2-24-C

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

| HEIGHT | | | BUILD | | | COLOR OF EYES | COLOR OF HAIR |
|--------|--------|-------|---------|--------|-------|---------------|---------------|
| Tall | Medium | Short | Slender | Medium | Stout | | |
| 21 | 22 | 23 X | 24 | 25 X | 26 | 27 Grey | 28 Red |

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

no

30 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:

Joe Shink
(Signature of Registrar)

Date of Registration

Sept 12 1918

(STAMP OF LOCAL BOARD)

(The stamp of the Local Board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box.)

OVER