

REGISTRATION CARD

SERIAL NUMBER	1320	ORDER NUMBER	1023
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1 *Joe* *Vanhook* *Robinson*
(First name) (Middle name) (Last name)

2 **PERMANENT HOME ADDRESS:**
Harveyville Wabaunsee Kans,
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years *37* Date of Birth *April 29 1881*
(Month) (Day) (Year)

R A C E

White	Negro	Oriental	Indian	
			Citizen	Noncitizen
5 <input checked="" type="checkbox"/>	6	7	8	9

U. S. CITIZEN

ALIEN

Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant
10 <input checked="" type="checkbox"/>	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 *farming* 17 *work for self*

18 **PLACE OF EMPLOYMENT OR BUSINESS:**
Harveyville Wabaunsee Kansas
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE	Name	19 <i>Mrs. M. E. Robinson (mother)</i>
	Address	20 <i>Harveyville Wab. Kans.</i> <small>(No.) (Street or R. F. D. No.) (City or town) (County) (State)</small>

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

Joe Vanhook Robinson.
(Signature) (Printed name of registrant) (OVER)

15-1-41 REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

T-11	HEIGHT		BUILD			COLOR OF EYES	COLOR OF HAIR
	Medium	Short	Slender	Medium	Stout		
21	22	23	24	25	26	27	28
✓			✓			gray	brown

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:

Date of Registration

Don Symmes
(Signature of Registrar)
Sept. 17, 1918

Local Board for the
County of Wabaunsee,
State of Kansas,
Alma, Kansas.

(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.

15-1-41

(OVER)