

# REGISTRATION CARD

SERIAL NUMBER **305** ORDER NUMBER **1217**  
**1** *Vincent Weast*  
(First name) (Middle name) (Last name)

**2** PERMANENT HOME ADDRESS:  
**302 Tongueck Rd Erie NY**  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

**3** Age in Years **36** Date of Birth **Nov 20 1882**  
(Month) (Day) (Year)

### RACE

White	Negro	Oriental	Indian	
<b>5</b> <i>yes</i>	<b>6</b>	<b>7</b>	Citizen	Non-citizen

### U. S. CITIZEN

### ALIEN

Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant
<b>10</b> <i>yes</i>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>

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

### PRESENT OCCUPATION

### EMPLOYER'S NAME

**16** *Machinist* **17** *Elmer Ritzel*

**18** PLACE OF EMPLOYMENT OR BUSINESS:  
**1615 Bldg 13rd Erie NY**  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

**19** NEAREST RELATIVE Name *Howard Weast*  
**20** Address *512 South Division Erie NY*  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

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

P. M. G. O. *Vincent Weast*  
Form No. 1 (Red) 62-6171 (Registrant's signature or mark) (OVER)

# REGISTRAR'S REPORT

31-8-10-6

### DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21	22	23 <input checked="" type="checkbox"/>	24	25	26 <input checked="" type="checkbox"/>	<i>Brown</i>	<i>Brown</i>

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

**20** 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.

*A. E. Krumer*  
(Signature of Registrar)

Date of Registration *Sept 12*

U. S. DEPARTMENT,  
 REGISTRATION BOARD NO. 10  
 1150 Bulley Ave.  
 (ST. AUGUSTINE, FLORIDA)  
 (ST. AUGUSTINE, N. Y.)

(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.)

62-6171 (OVER)