

# REGISTRATION CARD

SERIAL NUMBER **1765** ORDER **A-940**

1 **Myer** **Shiloff**  
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS:  
**1115 16th St** **Sioux City** **Woodbury** **Iowa**  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years **36** Date of Birth **Feb. 1st 1882**  
(Month) (Day) (Year)

RACE				
White	Negro	Oriental	Indian	
			Citizen	Non-citizen
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	11 <input checked="" type="checkbox"/>	12	13	14

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

16 PRESENT OCCUPATION **Grocery Business** EMPLOYER'S NAME **M. Shiloff**

18 PLACE OF EMPLOYMENT OR BUSINESS:  
**316- 4th St** **Sioux City** **Woodbury** **Iowa**  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

19 NEAREST RELATIVE Name **Mrs. Bertie Shiloff**  
 20 Address **1115-16th St** **Sioux City** **Woodbury** **Iowa**  
(Street or R. F. D. No.) (City or town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE  
**Myer Shiloff**  
(Registrant's signature or mark) (OVER)

P. M. G. O. FORM NO. 1 (red) 63-6171

# REGISTRAR'S REPORT

141-47 C

## DESCRIPTION OF REGISTRANT

T. 1	BUILD		21	BUILD		27	COLOR OF EYES	COLOR OF HAIR
	Medium	Short		Medium	Stout			
22 <input checked="" type="checkbox"/>	23	24	25 <input checked="" type="checkbox"/>	26	27	28	<b>Blue</b>	<b>Brown</b>

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 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:

**P. A. Bury**  
(Signature of Registrar)

Date of Registration **SEP 12 1918**

LOCAL BOARD  
 DIVISION NUMBER ONE  
 SIOUX CITY, IOWA  
 (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.)

63-6171 (OVER)