

REGISTRATION CARD

SERIAL NUMBER 8624 **ORDER NUMBER** A-11312
1 *Simon* *Heselov*
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS:
631 Pine St Youngstown, Youngstown, Ohio.
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years **3** *20* **Date of Birth** **4** *April* **5** *16* **6** *1898*
(Month.) (Day.) (Year.)

RACE

White	Negro	Oriental	Indian	
			Citizen	Noncitizen
5 <i>yes</i>	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	12 <i>yes</i>	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 <i>Student</i>	17 <i>Ohio State University</i>

18 PLACE OF EMPLOYMENT OR BUSINESS:
Columbus Ohio.
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE
Name **19** *Sophia Heslov*
Address **20** *631 Pine Youngstown, Ohio*
(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. *Simon Heslov*
Form No. 1 (Red) 03-6171 (Registrant's signature or mark) (OVER)

REGISTRAR'S REPORT

34-1-23 C

DESCR.: **TYPE OF REGISTRANT**

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21	22 <i>X</i>	23	24	25 <i>X</i>	26	27 <i>Blue</i>	28 <i>Dark</i>

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

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:

E. E. Meyer
(Signature of Registrar)

Date of Registration *9/12/18*

LOCAL BOARD No. 2
 City of Youngstown, Ohio
 (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.)