

REGISTRATION CARD

SERIAL NUMBER 1	450	ORDER NUMBER 170
1 John Atlas		(First name) (Middle name) (Last name)
2 PERMANENT HOME ADDRESS: Lane Providence East Carroll La		
(No.)	(Street or R. F. D. No.)	(City or town) (County) (State)
3 Age in Years 20	4 Date of Birth Sep 30 1897	(Month) (Day) (Year)
RACE		
5 White	6 Negro	7 Oriental
	<input checked="" type="checkbox"/>	
U. S. CITIZEN		ALIEN
10 Native Born	11 Naturalized	12 Citizen by Father's Naturalization Before Registrant's Majority
<input checked="" type="checkbox"/>		
13 Declarant		14 Non-declarant
15 If not a citizen of the U. S., of what nation are you a citizen or subject?		
16 PRESENT OCCUPATION Farmer		17 EMPLOYER'S NAME L. B. Atlas
18 PLACE OF EMPLOYMENT OR BUSINESS: near Lane Providence East Carroll La		
(No.) (Street or R. F. D. No.) (City or town) (County) (State)		
19 NEAREST RELATIVE Name	19 Susie Atlas (mother)	
	20 Address: Lane Providence East Carroll La	
(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. Form No. 1 (R-41) <i>John Atlas</i> (Signature or mark) (OVER)		

17-3-12. EAST CARROLL. C.

REGISTRAR'S REPORT

21 HEIGHT: Tall Medium Short 22 BUILD: Medium 23 COLOR OF EYES: Blue 24 COLOR OF HAIR: Blue

25 Has person lost, arm, leg, hand, eye, or is he or she personally disqualified? (Specify.)
No

26 I certify that my answers are true and that the answers of the registrant have been read to him in his own hearing; that I have witnessed the signature of the registrant, and that all of his answers of which I have knowledge are true, except as follows:

Date of Registration: *Sept 17 1918* *John Stanley*

LOCAL BOARD FOR THE STATE OF LOUISIANA

(The stamp of the Local Board has not been provided with this form, and the registrant is advised to have it prepared.)