

REGISTRATION CARD

SERIAL NUMBER **833** ORDER NUMBER **A 746**

1 **Will** **Rosby**  
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS: **Oak Grove W. Carroll La.**  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

3 Age in Years **42** Date of Birth **Aug 6 18**  
(Month) (Day) (Year)

RACE  
 White  Negro  Oriental  Indians  
Citizen Non-citizen

U. S. CITIZEN  
 Native Born  Naturalized  Citizen by Father's Naturalization Before Registrant's Majority  Alien  
Declarant Non-declarant

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

16 PRESENT OCCUPATION **Farming** EMPLOYER'S NAME **W.M. Wiggins**

18 PLACE OF EMPLOYMENT OR BUSINESS: **Oak Grove W. Carroll La.**

NEAREST RELATIVE  
 Name **Liza Rosby**  
 Address **Oak Grove W. Carroll La.**

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE  
**Will Rosby**

P. M. G. O. Form No. 1 (Red) 62-6171

REGISTRAR'S REPORT

**17-3-38. WEST CARROLL, C.**

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

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:

*W.M. Wiggins*  
(Signature of Registrar)

Date of Registration

LOCAL BOARD for the PARISH of WEST CARROLL,  
 STATE OF LA.,  
 OAK GROVE, LOUISIANA

(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.)

(OVER)

Form 1 **REGISTRATION CARD** No. **26**  
 Age in yrs