

REGISTRATION CARD

SERIAL NUMBER 50
 ORDER NUMBER 790
 1 Ashland Bud Glover
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS:
Andersonville R. F. Buckingham Va
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years 19 Date of Birth Sept 22 1898
(Month) (Day) (Year)

RACE
 White Negro Oriental Indian
Citizen Noncitizen

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

10 yes
 11 12 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 Farmer 17

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

NEAREST RELATIVE
 Name Joseph W. S. Glover
 Address Andersonville R. F. Bu Va
(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
Ashland Bud Glover
(Signature) (OVER)

45-2 REGISTER'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stocky		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Brown</u>	<u>Brown</u>

20 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify.)
No

21 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:

J. P. Williams
(Signature of Registrar)
 Date of Registration Sept 10-18

Local Board for the County of Buckingham
 State of Virginia
 (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.)