

REGISTRATION CARD

SERIAL NUMBER **57d** ORDER NUMBER **1091**

1 Cary Lewis Glover
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS:
R 7th Warren Alb. Va.
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years **30** Date of Birth **October 20th 1883**
(No.) (Year)

RACE

White		Negro		Oriental		Indian	
1	2	3	4	5	6	7	8
U. S. CITIZEN				ALIEN			
Native Born		Naturalized		Citizen by Father's Naturalization Before Registrant's Majority		Non-declarant	
9	10	11	12	13	14	15	16

16 Farming **17** None
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

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

NEAREST RELATIVE

Name	19 C. L. Glover
Address	20 R 7th Warren Va.
	<small>(No.) (Street or R. F. D. No.) (City or town) (County) (State)</small>

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE
 P. M. G. O. **Cary Lewis Glover**
(Signature or mark) (OVER)

45-2-110 REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT	BUILD			COLOR OF EYES	COLOR OF HAIR			
	In.	Medium	Short			Slender	Medium	Stout
21	2	✓	3	21	25	25	Blue	Light

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

26 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:

R. M. Allen
 Date of Registration **Sept 12 1918**

**Local Board for the County of Buckingham,
 State of Virginia
 Buckingham, Va.**
 (STAMP OF LOCAL BOARD)

(The stamp of the Local Board having jurisdiction in the area in which the registrant has his permanent home shall be placed in this box.)