

REGISTRATION CARD

SERIAL NUMBER 1140 ORDER NUMBER 1703
 1 Perkins Glover
(First name) (Middle name) (Last name)

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

Age in Years 44 Date of Birth March 18 1874
3 (Month.) 4 (Day.) (Year.)

R A C E

White	Negro	Oriental	Indian	
5 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
			<small>Citizen</small>	<small>Non-citizen</small>

U. S. CITIZEN			ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant
10 <input checked="" type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>

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

PRESENT OCCUPATION	EMPLOYER'S NAME
16 <u>Physician</u>	17

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

NEAREST RELATIVE
 Name Mrs. Mahel P. Glover
 Address One Bond Buckingham 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
 P. M. G. O. Perkins Glover
Form No. 1 (ReJ) (Registrant's signature or mark) (OVER)

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21 <input checked="" type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input checked="" type="checkbox"/>	27 <u>Blue</u>	28 <u>Black</u>

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

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. P. Moorman
(Signature of Registrar)

Date of Registration 9/12/18

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