

REGISTRATION CARD

SERIAL NUMBER	766	ORDER NUMBER	486
1 Name		Joel Walter Hood	
2 PERMANENT HOME ADDRESS			
(No.)		Amherst Va	
3 Age in Years	44	4 Date of Birth	Sept 12 1874
5 RACE			
White	Negro	Oriental	Indian
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 U. S. CITIZEN		7 ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization Before Registrars' Majority	8 Declared
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 <input type="checkbox"/>
15 If not a citizen of the U. S. of what nation are you a citizen or subject?			
16 PRESENT OCCUPATION		17 EMPLOYER'S NAME	
Farmer		P. G. Sheppard	
18 PLACE OF EMPLOYMENT OR BUSINESS			
(No.)		Amherst Va	
19 NEAREST RELATIVE	Name	20 Mrs. Sallie Sheppard (Sister)	
Address	Amherst Va		
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE			
P. M. G. O. Form No. 1 (Red)			(OVER)

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slim	Medium	Stout		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Blue	Dark

29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify.)

Hard of hearing

I certify that my answers are true; that the person registered has read or has had read to him his own answers; that a juror witnessed his signature or mark; and that all of his answers of which I have knowledge are true, except as follows:

O. J. Nangle
Sept 12 1918
Date of Registration

45-2-3C

Amherst
State of Virginia
Amherst, 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)