

Handwritten mark: "X" and "mark" above the registration card.

Form 410 REGISTRATION CARD No. 17

1 Name in full Ouellet Shovel Age in yrs. 22  
 (Given name) (Family name)

2 Home address Popponattox Va.  
 (No.) (Street) (City) (State)

3 Date of birth August 9<sup>th</sup> 1894  
 (Month) (Day) (Year)

4 Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? natural born citizen

5 Where were you born? Popponattox Va. U.S.A.  
 (Town) (State) (Nation)

6 If not a citizen, of what country are you a citizen or subject? \_\_\_\_\_

7 What is your present trade, occupation, or office? farmer

8 By whom employed? \_\_\_\_\_  
 Where employed? \_\_\_\_\_

9 Have you a father, mother, wife, child under 12, or a sister or brother under 12, wholly dependent on you for support (specify which)? no

10 Married or single (which)? single Race (specify which)? Caucasian

11 What military service have you had? Rank none; branch \_\_\_\_\_; years \_\_\_\_\_; Nation or State \_\_\_\_\_

12 Do you claim exemption from draft (specify grounds)? I do not

I affirm that I have verified above answers and that they are true.

Signature of registrant: O. M. Shovel

If person is of African descent, tear off this corner

REGISTRAR'S REPORT

1 Tall, medium, or short (specify which)? tall Slender, medium, or stout (which)? stout

2 Color of eyes? blue Color of hair? light brown Bald? no

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? no

I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:

Signature of registrar: L. E. Mavis

Precinct 7  
City or County Popponattox  
State Virginia

Date of registration: 6/5/1917

Handwritten numbers: 115 423

Handwritten numbers: 45 0 11