

REGISTRATION CARD

SERIAL NUMBER: 1954 ORDER NUMBER: 1660

1 George Washington Malone
(First name) (Middle name) (Last name)

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

Age in Years: 34 Date of Birth: July 20 1884
(Month) (Day) (Year)

RACE

White	Negro	Oriental	Indian	
			Citizen	Noncitizen
5 <input checked="" type="checkbox"/>	6	7	8	9

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	12	13	14

5 (not a citizen of the U. S., of what nation are you a citizen or subject?)

PRESENT OCCUPATION

EMPLOYER'S NAME

6 Farm Laborer 17 S. S. Caspell
 8 PLACE OF EMPLOYMENT OR BUSINESS: Rural Retreat Va
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE: Name: 19 Barbara E. Malone
 Address: 20 Rural Retreat 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. Form No. 1 (Red) 63-617 Scott W. Malone mark
(Registrant's signature or mark) (OVLK)

REGISTRAR'S REPORT - 53 C

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slim	Medium	Stout		
21	22 ✓	23	24	25 ✓	26	27 Grey	28 Black

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

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:

F. E. Nelson

(Signature of Registrar)

Date of Registration

9/12/18

Local Board for
County of Wythe, Va.,
Wytheville, 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.)