

# REGISTRATION CARD

SERIAL NUMBER **1858** ORDER NUMBER **A-52**

1 **Oakley** **Clarence** **Willard**  
(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 **42** Date of Birth **March 21 1876**  
(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

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

### PRESENT OCCUPATION

### EMPLOYER'S NAME

16 **Farming** 17 **Self**

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

NEAREST RELATIVE  
 Name 19 **Fannie J. Willard**  
 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 SIGNATURES

P. M. G. O. Form No. 1 (ated) **Oakley Co Willard**  
(Registration's signature or mark) (OVER)

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21	22 ✓	23	24	25 ✓	26	27 Blue	28 Brown

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

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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 as which I have knowledge are true, except as follows:

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*F. E. Nelson*

(Signature of Registrar)

Date of Registration

*9/13/18*

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.)