

REGISTRATION CARD

SERIAL NUMBER	599	ORDER NUMBER	4762
1	Emilio Lactans Gandelli		

2 PERMANENT HOME ADDRESS
 14 W 64th St NY NY NY
 (No.) (Street or R. F. D. No.) (City or Town) (County) (State)

Age in Years 36 Date of Birth Mar 27 1882
 (Month) (Day) (Year)

RACE

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

U. S. CITIZEN

ALIEN

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

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

16 PRESENT OCCUPATION 17 EMPLOYER'S NAME
 Mechanic Louis Chevrolet

18 PLACE OF EMPLOYMENT OR BUSINESS:
 14 W 64th St New York
 (No.) (Street or R. F. D. No.) (City or Town) (County) (State)

19 NEAREST RELATIVE Name Ernestina D. Gandelli
 20 Address 14 W 64th St NY NY NY
 (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. *Emilio Gandelli*
 Form No. 1 (Red) (Registrant's signature or mark) (OVER)

REGISTRAR'S REPORT 31-9-163-C

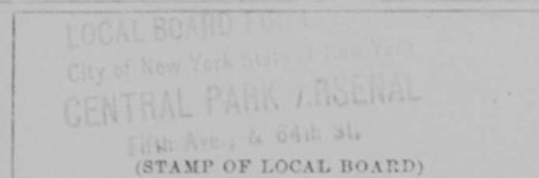
DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slim	Medium	Stout		
21 <input checked="" type="checkbox"/>	22	23	24	25 <input checked="" type="checkbox"/>	26	Brown	Brown

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 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:

Maurice F. Griffin
 (Signature of Registrar)
 Date of Registration Sept 12/18



(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.)

CG-671

(OVER)