

1 Name in full *Thomas John Mulligan* Age in yrs. *28*
(Given name) (Family name)

2 Home address *745 N. Hancock Duffels Ind.*
(No.) (Street) (City) (State)

3 Date of birth *Sept. 14 1889*
(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)? *Alien*

5 Where were you born? *Shotts, Lanarkshire Scotland*
(Town) (State) (Nation)

6 If not a citizen, of what country are you a citizen or subject? *Great Britain*

7 What is your present trade, occupation, or office? *Auto. Mechanic*

8 By whom employed? *Arthur Chevesolet*

Where employed? *North & Capital Ave*

9 Have you a father, mother, wife, child under 18, or a sister or brother under 12, solely dependent on you for support (specify which)? *Father*

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

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

12 Do you claim exemption from draft (specify grounds)? _____

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

Thomas John Mulligan
(Signature of registrant)

13-3-16—A
 REGISTRAR'S REPORT

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

2 Color of eyes? *Blue* Color of hair? *Red* Bald? _____

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? _____

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:

Frank D. Deaton
(Signature of registrar)

Precinct *12-20-9*
 City or County *Indianapolis*
 State *Indiana* *6-5-17*
(Date of registration)

Center Township