

REGISTRATION CARD

SERIAL NUMBER 38 ORDER NUMBER 5114

1 Jace Rosalta Cortes (Last name)

2 PERMANENT HOME ADDRESS (City or town) (State) N.Y.

3 Age in Years 41 Date of Birth 14 1876 (Month) (Day) (Year)

4 RACE

White	Negro	Oriental	Citizen	Indian	Non-citizen
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 U. S. CITIZEN

Native Born	Naturalized	Children by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

16 PRESENT OCCUPATION: Deputy & Asst. Comm. de Lim. Correccion (City or town) (State) Colombian, Va.

17 EMPLOYER'S NAME: Bridge (City or town) (State)

18 PLACE OF EMPLOYMENT OR BUSINESS: Bridge (City or town) (State)

19 Name Margaret (wife) (City or town) (State)

20 Address 750 West 82 St (City or town) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE

P. M. G. O. Jace Rosalta Cortes (Registrant's signature or mark) (OVER)

REGISTRAR'S REPORT 31-9-126-C

DESCRIPTION OF REGISTRANT

HEIGHT	BUILD			COLOR OF EYES	COLOR OF HAIR	
	Tall	Medium	Short			Slender
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Blue</u>	<u>Black</u>	

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:

Date of Registration SEPTEMBER 14th, 1918 (Signature of Registrar)

(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.)