

Form 1 **REGISTRATION CARD** No. **246** **136**

1	Name in full (Given name) <u>Charles Wesley Delamarter</u> (Family name)	Age, in yrs. <u>23</u>
2	Home address (No.) <u>Killed Lake</u> (Street) <u>Mich</u> (City) <u>Mich</u> (State)	
3	Date of birth (Month) <u>Nov</u> (Day) <u>2</u> (Year) <u>1899</u>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Natural Born</u>	
5	Where were you born? (Town) <u>Michigan</u> (State) <u>Michigan</u> (Nation)	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Farming</u>	
8	By whom employed? <u>W. E. Flanders</u>	
	Where employed? <u>West Bloomfield</u>	
9	Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? <u>No</u>	
10	Married or single (which)? <u>Single</u>	Race (specify which)? <u>White</u>
11	What military service have you had? Rank <u>No</u> ; branch _____; years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Charles Delamarter
(Signature of mark)

If person is of African descent, corner

REGISTRAR'S REPORT

A 21-2-7

1	Tall, medium, or short (specify which)? <u>Tall</u>	Slender, medium, or stout (which)? <u>Slender</u>
2	Color of eyes? <u>Blue</u>	Color of hair? <u>Brown</u> Bald? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>	

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:

Wm. Richardson
(Signature of registrar)

Precinct West Bloomfield

City or County Oakland

State Michigan

25th Day June 1917
(Date of registration)