

Form 1

REGISTRATION CARD

No. 971

Age, in yrs.

27

- 1 Name in full Elmer Delamarter
(Given name) (Family name)
- 2 Home address 300 Littlefield St Shelbygan Mich
(No.) (Street) (City) (State)
- 3 Date of birth Feb 8th 1890
(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)? Natural Born
- 5 Where were you born? Shelbygan Mich
(Town) (State) (Nation)
- 6 If not a citizen, of what country are you a citizen or subject?
- 7 What is your present trade, occupation, or office? Post Office Clerk.
- 8 By whom employed? United States
Where employed? Shelbygan
- 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)? no
- 10 Married or single (which)? single Race (specify which)? Caucasian
- 11 What military service have you had? Rank none; branch _____; years _____; Nation or State _____
- 12 Do you claim exemption from draft (specify grounds)? no

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

Elmer Delamarter
(Signature or mark)

If person is of
African descent,
fill in this
column

21-4-7

REGISTRAR'S REPORT

- 1 Tall, medium, or short (specify which)? short Slender, medium, or stout (which)? medium
- 2 Color of eyes? Grey Color of hair? Black Bald? no
- 3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? no

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:

Joseph Caswell
(Signature of registrar)

Precinct 3
City or County Shelbygan
State Mich

June 5th 1917
(Date of registration)