

Form 1

## REGISTRATION CARD

357

1 Name Carlton Albert Shulz

2 Age 19 Sex M

3 Division Bretheren Reg. No. 1898

4 Are you (1) a natural born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your  
Intention? Natural born

5 Where were you born? Platt'sburg N.Y.

6 If not a citizen, of what country were you a subject or subject? Citizen

7 What is your present  
Occupation or trade? Farming as  
self

8 Do you depend? No

9 Who depends on you? Brother Father Mother and wife

10 Nationality American State Conn.

11 What military service have you had? Rank Private State Conn.  
Date 1917 Status Retired

12 Do you have dependents? Daughter Sex Female Age 5

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

Carlton Albert Shulz

## REGISTRAR'S REPORT

A 21-3-7

1 S.A. number, or  
short quantity short. Carlton

2 Color of eyes Blue Color of hair Black Hair style Short

3 Has person lost eyes, 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 made 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:

C. A. Blackinton

Rank Plat'sburg  
City or County Saratoga  
State New York

Rank 5  
City or County None