

Form 1 REGISTRATION CARD No. 615

1 Name in full *John Joseph Holloway* Age, in yrs *27 1/2*

2 Home address *16 Outer Bristol Lane*

3 Date of birth *January 4 1892*

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 citizen*

5 Where were you born *Margatech Conn. U.S.A*

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

7 What is your present trade, occupation, or office? *Sage inspector JV*

8 Do you have a military record? *New England High School Bristol Conn.*

9 Have you a father, mother, wife, child, or other dependent person or brother under 18, solely dependent on you for support (specify which) *Wife*

10 Married or single (check) *Married Race (specify which) Caucasian*

11 What military service have you had? Rank _____ branch _____

12 Do you claim exemption on the ground of (specify grounds) *Yes - dependent*

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

John Joseph Holloway

6-1-5. A.

REGISTRAR'S REPORT

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

2 Color of eyes? *Green* Color of hair? *Brown* Build? *Me*

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:

Miriam Creadway
(Signature of registrar)

Precinct *19*
City or County *Bristol*
State *Conn.*

June 5, 1917
(Date of registration)