

Military 017

Form 1 **REGISTRATION CARD** No. 5 Age in yrs 30

1 Name in full Marshall H. Shaver
(Given name) (Family name)

2 Home address Millers Ky
(No.) (Street) (City) (State)

3 Date of birth July 4, 1886
(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? Millers Ky USA
(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? Farming

8 By whom employed? Self

9 Where employed? Millers Ky

10 Have you a father, mother, wife, child under 18, or a sister or brother under 18, wholly dependent on you for support (specify which)? Child, 3 yrs old, wife

11 Married or single (which)? Married Race (specify which)? Caucasian

12 What military service have you had? Rank None; branch _____; years _____; Nation or State _____

13 Do you claim exemption from draft (specify grounds)? wife & child

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

Marshall H. Shaver
(Signature or mark)

If answer to a question is "None" or "No" it need not be written.

REGISTRAR'S REPORT

10-3-10 Woodford Ky

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

2 Color of eyes? Blue Color of hair? Light 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:

D. L. Woodruff
(Signature of registrar)

Precinct 10

City or County Woodford

State Ky Jan 5/11
(Date of registration)