

Military 021

REGISTRATION CARD 198

SERIAL NUMBER 900 ORDER NUMBER 198

1 Richard Milton Elliott
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS
Rt. D # 2 Lawrenceburg Indiana Co. Ky.
(Dist.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years 38 Date of Birth March 15th 1880
(Month) (Day) (Year)

RACE

White	Negro	Oriental	Indian
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

U. S. CITIZEN **ALIEN**

Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declared	Non-declared
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15 Did a citizen of the U. S., of what nation are you a citizen or subject?

16 PRESENT OCCUPATION Farmer EMPLOYER'S NAME

17 PLACE OF EMPLOYMENT OR BUSINESS Home

18 NEAREST RELATIVE
 Name Winnie May Elliott
 Address Home
(Name) (Street or R. F. D. No.) (City or town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE
 P. M. G. O. Richard Milton Elliott
(Signature of Registrant) (OVER)

16-3-22 Franklin Co
REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Gray	<input checked="" type="checkbox"/> Brown

19 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified?
 (Specify.) None

20 I certify that my answers are true; that the person registered has read or has had read to him his own answers; that I have witnessed his signature or mark, and that all of his answers of which I have knowledge are true, except as follows:

Scott Brown
(Signature of Registrar)

Date of Registration Sept 12 1918

Local Board of
 Franklin County,
 Frankfort, Ky. (BOARD)

(The stamp of the Local Board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box.)

43-421 (OVER)