

REGISTRATION CARD

1493 1/2

SERIAL NUMBER 4094	ORDER NUMBER
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1 *Nestor* *Aymong*
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS:
2938 Fulton St. Woodhaven Queens NY
 (No.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years *34* Date of Birth *May 16th 1894*
 (Month) (Day) (Year)

RACE
 White ☒ Negro ☐ Oriental ☐ Indian ☐
 Citizen ☐ Noncitizen ☐

U. S. CITIZEN ALIEN
 Native Born ☐ Naturalized ☐ Citizen by Father's Naturalization Before Registrant's Majority ☐ Declarant ☐ Non-declarant ☒

15 If not a citizen of the U. S., of what nation are you a citizen or subject? *Canada-Toronto*

PRESENT OCCUPATION EMPLOYER'S NAME
Steam fitter Mechanical Equipment Co.

18 PLACE OF EMPLOYMENT OR BUSINESS:
206 Centre St NY NY NY
 (No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE
 Name *Evangeline M. (Wife)*
 Address *2938 Fulton St. Woodhaven Queens NY*
 (No.) (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. *Nestor Aymong*
 Form No. 1 (Red) 09-6171 (Registrant's signature or mark) (OVER)

31-9-182-C REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT							
HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21	22 <input checked="" type="checkbox"/>	23	24	25 <input checked="" type="checkbox"/>	26	<i>Blue</i>	<i>Brown</i>

29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify.)
No

30 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:

Chas F. Douglas
 (Signature of Registrar)

Date of Registration *Sept 12-1918*

United States Local Exemption Board
 Division No. 182 New York City
 4110 Jamaica Ave.
 Woodhaven, New York.
 (STAMP OF LOCAL 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.)

09-6171 (OVER)