

Form 1

560 REGISTRATION CARD

No. 25

1	Name in full (Given name) <u>Max Joseph Soucy</u> (Family name)	Age, in yrs. <u>23</u>
2	Home address (No.) <u>Mandan</u> (Street) (City) <u>N.D.</u> (State)	
3	Date of birth (Month) <u>February</u> (Day) <u>3</u> (Year) <u>1894</u>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Natural Born</u>	
5	Where were you born? (Town) <u>Wrenshall Minn.</u> (State) (Nation) <u>U.S.A.</u>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Farmer</u> (D)	
8	By whom employed? <u>Myself & farmer</u>	
	Where employed?	
9	Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? <u>No.</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank <u>None</u> ; branch _____ years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No.</u>	

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

Max Joseph Soucy
(Signature or mark)

If person is of African descent, tear off this corner.

A-33-1-30
REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Tall</u> Slender, medium, or stout (which)? <u>Medium</u>
2	Color of eyes? <u>Gray</u> Color of hair? <u>Dark Brown</u> Bald? <u>No.</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No.</u>

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:

Wm. C. Weiss
(Signature of registrar)

Precinct #5City or County MortonState North Dakota

June 5th 1917
(Date of registration)