

Form 1 **788** REGISTRATION CARD **514** No. **17**

1 Name in full John Fabris Age, in yrs. 24
(Given name) (Family name)

2 Home address Dean Pa
(No.) (Street) (City) (State)

3 Date of birth July 31 1892
(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)? An Alien

5 Where were you born? Terre Haute, Indiana, Italy
(Town) (State) (Nation)

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

7 What is your present trade, occupation, or office? Labourer

8 ☒ Whom employed? Peter Fabris
Dean, Pa.
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)? No.

10 Married or single (which)? Single Race (specify which) Caucasian

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

12 Do you claim exemption from draft (specify grounds)? _____

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

John Fabris
(Signature or mark)

If person is of African descent, tick off this corner

37-3-9. A

REGISTRAR'S REPORT

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

2 Color of eyes? Dark Blue Color of hair? Dark Brown 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:

Gerald Jacobs
(Signature of registrar)

Precinct Dean Twp

City or County Cambria

State Pa

June 5 1917
(Date of registration)