

REGISTRATION CARD

30

SERIAL NUMBER **900** ORDER NUMBER **733**

1 **Richard** **Dandrea**
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS:
90. Box 357. So. Brownsville Fay. Pa.
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years **39** Date of Birth **Aug 14 1879**
(Years) (Month) (Day) (Year)

RACE
 5 White 6 Negro 7 Oriental
 8 Indian Citizen 9 Indian Non-Citizen

U. S. CITIZEN ALIEN
 10 Native Born 11 Naturalized 12 Citizen by Father's Naturalization
 13 Declarant 14 Non-declarant

15 Present Occupation **Stone Cutter** Employer's Name **Mr. Mc Minnigan**

15 PLACE OF EMPLOYMENT OR BUSINESS:
Brownsville Fay. Pa.
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE
 19 Name **Loyal order Mason #16**
 20 Address **Cammelsville Fay Pa**
(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. **Richard Dandrea**
Form No. 1 (red) (Signature of registrant) (OVER)

REGISTRAR'S REPORT **37-3-12. C**

DESCRIPTION OF REGISTRANT

HEIGHT	BUILD			COLOR OF EYES	COLOR OF HAIR			
	Tall	Medium	Short			Slender	Medium	Slim
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	25	26	Brown	Black

22 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified?
(Specify)

23 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:

Thomas M. Rice
(Signature of Registrar)

Date of Registration **SEP 12 1918** **37-3-12. C**

Local Board for Division No. 3
 for the County of Fayette
 State of Pennsylvania
 (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.)