

Serial No. 263

Registration No. 183

37-2-24. B
REGISTRATION REPORT

| | | | |
|---|---|-----------------------------------|----------------------------|
| 1 | Tall Medium Short | (Strike out words not applicable) | Slender Medium Stout |
| 2 | Color of eyes <u>Light Brown</u> | Color of hair <u>Blue</u> | |
| 3 | Has person lost arm, leg, hand, eye, or is he palpably physically disqualified (specify)? <u>None</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:

John Ruskove
(Signature of Registrar.)
June 5th 1918.
(Date of Registration.)

Local Board for the County of Lawrence,
State of Pa.
NEW CASTLE, PA.
(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.)

1 Name in full John DePauli 71

2 Home address P.O. Box Y (13th St. Ellwood City, Pa)

3 Date of birth Oct 4 1896

4 Where were you born? Tornide Sopra Nova Haine Italy

5 I am 2. A naturalized citizen.
 3. An alien.
 4. I have declared my intention.
 5. A non-descent Italian.
(Strike out lines or words not applicable)

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

7 Father's name Tornide Sopra Nova Haine Italy

8 Name of employer Matthews Gravel Co
Place of employment Ellwood City, Penn

9 Name of nearest relative Mazzaruna DePauli (Mother)
Address of nearest relative P.O. Box Y (13th St. Ellwood City, Pa)

10 Race—White, Negro, Indian, or Oriental
(Strike out words not applicable)

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

John DePauli
(Signature of Registrant)

P. M. G. O.
Form 1 (blue)

REGISTRATION CARD.

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