

REGISTRATION CARD

SERIAL NUMBER **599** ORDER NUMBER **403**

1 **Giovanni Schiaulinii**
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS: **R 3 Box 115 Cotterill Tuleal Cal.**
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years **38** Date of Birth **Sept 15th 1879**
3 (Month.) 4 (Day.) (Year.)

RACE

White		Negro	Oriental		Indian	
Citizen		Noncitizen				
5 <input checked="" type="checkbox"/>	6	7	8	9		

U. S. CITIZEN ALIEN

U. S. CITIZEN			ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization B. here Registrant's Majority	Declarant	Non-declarant
10	11	12	13 <input checked="" type="checkbox"/>	14

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

PRESENT OCCUPATION EMPLOYER'S NAME

16 **Ston. Mason** 17 **California Fruit Co**

18 PLACE OF EMPLOYMENT OR BUSINESS: **R 3 Box 115 Cotterill Tuleal Cal.**
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE

Name 19 **Paula Schiaulinii**
 Address 20 **R 3 Box 115 Cotterill Tuleal Cal.**
(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. Form No. 1 (Red) (Registrant's signature or mark) (OVER)

Giovanni Schiaulinii

REGISTRAR'S REPORT 4-5-20. C

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	27 Brown	28 Dark

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

30 I certify that my answers are true; that the person registered has read or 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:

[Signature]
 (Signature of Registrar)

SEP 12 1918

Date of Registration

Local Board for Division No. 2
 County of Tuleal, State of Cal.
 (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.)