

REGISTRATION CARD

SERIAL NUMBER **1131** ORDER NUMBER **1324**
 1 **Bartholomew** **Irwin**
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS
1556 West St. Utica Oneida New York
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years **42** Date of Birth **July 24 1876**
3 (Month) 4 (Day) (Year)

RACE

White	Negro	Oriental	Indian	
			Citizen	Noncitizen
5 Yes	6	7	8	9

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

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

PRESENT OCCUPATION	EMPLOYER'S NAME
16 Electrical worker	17 Langdon and Hughes

18 PLACE OF EMPLOYMENT OR BUSINESS
233 Elizabeth St. Utica Oneida New York
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE
 Name **Mary Louise Irwin**
 Address **1556 West St. Utica, Oneida, N.Y.**
(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
Bartholomew Irwin
P. M. G. O. Form No. 1 (Red) (Registrant's signature or mark) (OVER)

31-3-28-C REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21 Yes	22	23	24	25	26 Yes	27 blue	28 dark brown

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

No

30 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:

Geo. K. Esmy
(Signature of Registrar)

Date of Registration **Sept. 12, 1918**

LOCAL BOARD, DIV. NO. 2
 FOURTH FLOOR, UTICA, N.Y.
 (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.)