

Form 1

REGISTRATION CARD <sup>202</sup> No. <sup>23</sup>

1 Name in full: *Charles Albert Killmer Jr.* Age, in yrs. *27*  
(Given name) (Family name)

2 Home address: *Auto R. 9, Quoka Minn*  
(No.) (Street) (City) (State)

3 Date of birth: *June 14 1889*  
(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)? *natural born citizen*

5 Where were you born? *Brooklyn Minn America*  
(Town) (State) (Nation)

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

7 What is your present trade, occupation, or office? *Farmer*

8 By whom employed? *myself*  
 Where employed? *Brooklyn*

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)? *none*

10 Married or single (which)? *single* Race (specify which)? *Caucasian*  
*none*

11 What military service have you had? Rank \_\_\_\_\_; branch \_\_\_\_\_;  
 years \_\_\_\_\_; Nation or State \_\_\_\_\_

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

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

*Charles Albert Killmer Jr.*  
(Signature or mark)

22-24.A

## REGISTRAR'S REPORT

1 Tall, medium, or short (specify which) *Medium* Slender, medium, or stout (which) *Medium*

2 Color of eyes? *brown* Color of hair? *black* Bald? \_\_\_\_\_

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:

*J. W. Hamilton*  
(Signature of registrar)

Precinct *Brooklyn*

City or County *Henrieville*

State *Minn* *June 5-1917*  
(Date of registration)

If person is of  
 African descent,  
 fear of this  
 center