医对种性性 2000 种种的产品的 医内部内部 医内部内部 5000 000 000 000 000 000 000 000 000 0	
Serial No. Registration No. 23/	REGISTRAR'S REPORT 22-4 P
1 Name in full ay mond Hoysles District 1	1 Medium Slender Medium Strike out words not applies S
2 Home Chita Route autore Musica Musica (State)	2 color of eyes grey color of hate ughe Brown
3 Date of birth (Month) (Day) (Year)	Has person log/arm, leg, hand, eye, or is be palpably physically disqualified (specify)?
Where were you bern? (City or town) (State) (Nation)	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:
5 1 am 2. Amount of the control	,
If not a citizen, of what Nation are you a citizen or subject?	10-D1.
7 Father's Mendota Man USA (State or province) (Nation)	(Signature of Registrar.)
Name of CN. Outle employer Place of Brookly Care Osseo Mean employment (No.) (Street) (City or town) (State)	(Date of Registration.)
Name of nearest relative no. Heys ler Address of RR anona Men	
(No.) (Street) (City or town) (State or Nation) Race—White, Niew Latino et Oriental (Strike out words not applicable)	Local Board, County of Hennepln HOPKINS, MINN.
I affirm that I have verified above answers and that they are true. Raymond Housler	(Stamp of Local Board.) (Estates of Local Property of Local Proper
P. M. G. O. Form 1 (blue) REGISTRATION CARD.	(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.) 5-5789

And you as Alegan a con-