

Form 1

## REGISTRATION CARD

No. 57

1 Name in full *Edward Ferdinand Dalghe Jr* (Given name) (Family name) *2177* *57* Age, in yrs.

2 Home address *R.D. "A" Anson Minn.* (No.) (Street) (City) (State)

3 Date of birth *Jan'y 14 1895* (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*

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

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

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

8 By whom employed *Henry Radick* (Name) (Where employed?) *Maple Grove.*

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)? *No dependence*

10 Married or single (which)? *Single* Race (specify which)? *Caucasian*

11 What military service have you had? Rank *None*; branch \_\_\_\_\_; years \_\_\_\_\_; Nation or State \_\_\_\_\_

12 Do you claim exemption from draft (specify grounds)? *No.*

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

*Edward Ferdinand Dalghe*  
(Signature or mark)

If person is of African descent, tear off this corner

22-2-4.A

## REGISTRAR'S REPORT

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

2 Color of eyes? *Blue* Color of hair? *Brown* 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 signed his own answers, that I have witnessed his signature, and that all of his answers which I have knowledge are true, except as follows:

Precinct *Dayton Sp*  
City or County *St. James Minn*  
State *Minn*

*Alex McNeil*  
(Signature of registrar)

*June 5 1917*  
(Date of registration)