

1 Name in full: **Otto Bernard Engvall** ^{Age, in yrs. 21}
 (Given name) (Family name)

2 Home address: **B. C. Village, Minn.**
 (No.) (Street) (State)

3 Date of birth: **Feb 15 1890**
 (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? **Hennepin Co. Minn.**
 (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? **self**

Where employed? **B. C. Village**

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)? **father & mother**

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

11 What military service have you had? Rank **none**; branch **none**
 years _____; Nation or State _____

12 Do you claim exemption from draft (specify grounds)? **Support of family**

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

Otto B Engvall
(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) **tall** Slender, medium, or stout (which)? **med**

2 Color of eyes **blue** Color of hair **light** Bald? **No**

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? **None**

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:

C. W. Jackson
 (Signature of registrar)

Province **B. C. Village**
 City or County **Hennepin**
 State **Minn.**

5th June 1911
 (Date of registration)