Sei	rial No	87	Registr	ation No. 9
1	Name in full 6	name)	Best (Family name)	Age, in yrs. 2/
2	Home address(No.)	(g.rent)	Morris (City or town)	Min (State)
3	Date of birth	(Month)	/7 (Day)	1896 (Year)
4	Where were you born? (City or t	eterlow (Lowa (itale)	USA (Nation)
5		intention.		
6	If not a citizen, of what Nation	n are ynu a citizen or subj	sc 7	
7	Father's birthplace (City or to	own) (Str	ite or province)	(Nation)
8	Name of employer Place of employment (No.)	(Street)	Marris (City or town)	mi (State)
9	Name of nearest relative	Y.W. 10.	Morris (City or iewn)	Minn (State or Nation)
10	Race—White, No. (Strike out words n	or Oriental. not applicable)		
15:00:00	P. M. G. C. Form 1 (bl	ue)	above answers and encl Hogginature or Mark of Reg	Bearl

	REGISTRAR'S REPORT 2 7 Q P
1	Medium (Strike out words not applicable)
2	Color of eyes Blue Color of hair Brown
3	Has person lost arm, leg, hand, eye, or is he palpably physically disqualified (specify)?
hat	certify that my answers are true; that the person registered has read his own answers it I have witnessed his signature, and that all of his answers of which I have knowledge true, except as follows:

Local Board of /Stevens County, Morris, Minnesota.

(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,)