

REGISTRATION CARD

SEE NUMBER **1073** **6-2256**

1 **Francis Joseph McCre**

2 PLACE OF BIRTH **319 S Church Hudson Lenawee Mich**

Age at issue **42** Date of Birth **Mar 11 1876**

RACE

3 **White** **Other**

U. S. CITIZEN **ALIEN**

4 **Yes** **No**

5 **Yes** **No**

6 **Yes** **No**

7 **Yes** **No**

8 **Yes** **No**

9 **Yes** **No**

10 **Physician**

11 **319 S Church Hudson Lenawee Mich**

12 **Francis Joseph McCre (born)**

13 **319 S Church Hudson Lenawee Mich**

14 **Francis J. McCre**

I AM SURE THAT I HAVE LISTED ABOVE AND (IS AND) THEY ARE TRUE

C 21-2-2
REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout	27	28
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29 **No** (person lost arm, leg, hand, eye, or is so obviously physically disabled?)

30 I certify that my answers are true; that the person registered has read or has had read to him his own answers; that I have witnessed his signature or names, and that all of his answers of which I have knowledge are true, except as follows:

J. H. Foster
(Signature of Registrar)

Date of Registration **July 12 - 1918**

LOCAL BOARD No. 2
Lenawee County, Adrian, Mich.
(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.)

77-421 (OVER)