

REGISTRATION CARD

 SERIAL
NUMBER

2920

 ORDER
NUMBER

2306

1

James Edward McFadden

(First name)

(Middle name)

(Last name)

2 PERMANENT HOME ADDRESS:

498 Howard Ave.

(No.)

(Street or R. F. D. No.)

(City or town)

(County)

(State)

Age in Years

Date of Birth

3

4

Sept. 22. 1880

(Month.)

(Day.)

(Year.)

R A C E

White

Negro

Oriental

Indian

Citizen

Noncitizen

5

6

7

8

9

U. S. CITIZEN

Native Born

Naturalized

 Citizen by Father's Naturalization
Before Registrant's Majority

Declarant

 Non-
declarant

10

11

12

13

14

15

If not a citizen of the U. S., of what nation are you a citizen or subject?

G. Britain (Ireland)

PRESENT OCCUPATION

EMPLOYER'S NAME

16

17

Prop. Forger

Rev. A. & A. Co.

18 PLACE OF EMPLOYMENT OR BUSINESS:

Bport Cr.

(No.)

(Street or R. F. D. No.)

(City or town)

(County)

(State)

 NEAREST
RELATIVE

Name

19

Address

20

(No.)

(Street or R. F. D. No.)

(City or town)

(County)

(State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE

P. M. G. O.

Form No. 1 (Red)

James Edward McFadden

(Registrant's signature or mark)

(OVER)

6-3220 REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21 ☒	22	23	24	25 ☒	26	27 Blue	28 Brown

29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify.)

No.

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 mark, and that all of his answers of which I have knowledge are true, except as follows:

Wm. M. Crown

(Signature of Registrar)

Date of Registration

SEP 12 1918

Local Board for Division No. 2
City of Bridgeport, Conn.
983 Broad St. Bridgeport, Conn

(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.)

CS-6:71

(OVER)