

REGISTRATION CARD

REGISTRAR'S REPORT

2-21-C

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tot	Medium	Short	Slender	Medium	Stout		
23	24	25	26	27	28	29	30
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		DR	DR

31 Has person lost arms, leg, hand, eye, or is he otherwise physically disqualified? (Specify)

No

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

J. P. ...
Sept 12/11
 Date of Registration

LOCAL BOARD FOR COUNTY OF MONROE
 LOCAL BOARD FOR COUNTY OF MONROE
 STATE OF FLORIDA

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.)

10-17 (OVER)

SERIAL NUMBER 18011
 ORDER NUMBER 3611

1 *Miguel Pogo*
 (First name) (Middle name) (Last name)

2 *1229 Grinnell St. Miami Fla*
 (City) (Street) (A. P. O. No.) (State) (County) (City)

Age in Years 19
 Sex Male
 Date of Birth June 2, 1899
 (Month) (Day) (Year)

RACE

White Negro Oriental
 Chinese Indian Hawaiian

U. S. CITIZEN

ALIEN

Active Serv Naturalized
 Claim to Father's Naturalization
 Before Registrar's Deputy Deceased
 Born Deceased

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

PRESENT OCCUPATION *Eng. Mather*
 EMPLOYER'S NAME *Cortley Eng Co.*

4 *Cortley Eng Co. Key West Fla*
 (City) (Street) (A. P. O. No.) (State) (County) (City)

5 *Juan Pogo father*
 NEAREST RELATIVE
1229 Grinnell St.
 (City) (Street) (A. P. O. No.) (State) (County) (City)

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

P. M. G. O.
 P. M. G. O. (Typed) *Miguel Pogo*
 (Signature) (Name)