

REGISTRATION CARD

SERIAL NUMBER 2192 **ORDER NUMBER** A-1255

1 **Henry** **Grieb**
(First name) (Middle name) (Last name)

2 **PERMANENT HOME ADDRESS:**
117 Josephine St. Onondaga ny
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

3 **Age in Years** 41 **Date of Birth** Jan 20 1917
(Month) (Day) (Year)

RACE

5 <input checked="" type="checkbox"/> White	6 <input type="checkbox"/> Negro	7 <input type="checkbox"/> Oriental	8 <input type="checkbox"/> Indian Citizen	9 <input type="checkbox"/> Indian Non-citizen
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U. S. CITIZEN **ALIEN**

10 <input checked="" type="checkbox"/> Native Born	11 <input type="checkbox"/> Naturalized	12 <input type="checkbox"/> Citizen by Father's Naturalization Before Registrant's Majority	13 <input type="checkbox"/> Declarant	14 <input type="checkbox"/> Non-declarant
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15 **If not a citizen of the U. S., of what nation are you a citizen or subject?**

16 **PRESENT OCCUPATION** **EMPLOYER'S NAME**
Cigar maker **Frank E. Grieb**

17 **PLACE OF EMPLOYMENT OR BUSINESS:**
241 Wolf St. Onondaga ny
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE

19 Name Mary E. Grieb
20 Address 117 Josephine St. Onondaga ny

(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 (12d) 63-6171 **Henry Grieb** (Registered a signature or mark) (OVER)

31-3-20-0

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21	22 <input checked="" type="checkbox"/>	23	24	25	26 <input checked="" type="checkbox"/>	27 Grey	28 Brown

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

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:**

Frank E. Weiland
(Signature of Registrar)

Date of Registration 9/12/18

Local Board for Division No. 1
 City of Syracuse, State of New York
 Gurney Bldg., 474 So. Salina St.
 (SEAL OF LOCAL BOARD)