Fee	*1 #1454 REGISTRATION CARD No. 55
1	Name in full James Frankling Savis Age, in you.  (Green name) (Fp the name)
2	Home address (Nu.) (Street) (Letting Flate)
3	Date of birth May 5th 1896
4	Are you (1) a natural-born citizen (2) maturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)?
5	Where were Althy Gla., R. State) (Nation)
6	If not a citizen, of what country are you a citizen or subject?
7	What is your present trade, occupation, or office?
8	By whom employed? N'S siehundy Where employed? Stahu Flu-
9	Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)
10	Married or single (which) 2/2 Dail & Race (specify which) Cauly Sign
11	What military service have you had? Rank Trivate; branch M. H.
12	Do you claim exemption [from draft (specify grounds)?
11 100 00	I affirm that I have verified above answers and that they are true.    I affirm that I have verified above answers and that they are true.    James   James

## REGISTRAR'S REPORT 9-1-3.A

	Tall, medium, or Medium.
	abort (specify which) / (Muss Stender, medium, or stopt (which) / Musseum
2	Color of eyes? Talue Color of hair? L. 1 Drown Bald? 100
3	Has person lost arm, leg, hand, foot, or both 200 eyes, or is he otherwise disabled (specify)?
ans	certify that my answers are true, that the person registered has read his own wers, that I have witnessed his signature, and that all of his answers of which I have wledge are true, except as follows:
	All Melen
Pred Bity Sta	or County Calhoun June 5 197